

## Cancellation of Business License Form

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Owner Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by \_\_\_\_\_

Date \_\_\_\_\_

If previous business was not closed by notice from previous business owner: \_\_\_\_\_

Use of previous business \_\_\_\_\_

Last year business license was valid \_\_\_\_\_

What verification was used to determine that location was vacant at time of application?

\_\_\_\_\_