



City of Rosemead

Cancellation of Business License

INFORMATION

BUSINESS NAME	
BUSINESS ADDRESS	
OWNER NAME	
If property owner cancellation please provide the following information. If you are not the property owner please leave this section blank.	
PROPERTY OWNER NAME	
DATE BUSINESS VACATED	

SIGNATURE

DATE

PRINT NAME

TITLE

CITY USE ONLY

CANCELLATION MADE BY: BUSINESS OWNER

PROPERTY OWNER

IDENTIFICATION VERIFIED

RECEIVED BY

DATE