



Planning & Development Department

4829 50 Street, Lower Level

Postal Drawer 640

VEGREVILLE, ALBERTA T9C 1R7

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CANCELLATION OF BUSINESS LICENCE

I, _____ am cancelling my Business Licence with the Town of Vegreville.
(Name of Applicant Cancelling Licence)

Business Name: _____

Owner/Operator: _____

Address of Business: _____

Last Day of Operation: _____

Reason for Cancellation: _____

Business Phone: _____ Email: _____

Cell Phone: _____ Fax: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT
AND MAY BE REMOVED FROM THE TOWN OF VEGREVILLE'S WEBSITE

Date: _____

Signature: _____

FOR OFFICE USE ONLY

Business Licence No. _____ Completed By: _____

Business Type: _____

Forwarded to Economic Development: YES NO Date: _____

Dale Lefebvre
Licencing Officer &
Director of Infrastructure, Planning & Development