

Business Licence Cancellation Form

605 - 50th Street
P.O. Box 6300
Edson, AB T7E 1T7
www.edson.ca

[Clear Form](#)[Print Form](#)

Business Information

Legal / Corporate Name
(As Registered with CRA)

Operating / Trade Name
(If different from legal name)

Phone

Business Email

Physical Business Address

Street Address

City / Town

Province

Country

Postal Code

Multiple Locations in Edson

Yes

No

Business Mailing Address

Same as physical address

Street Address

City / Town

Province

Country

Postal Code / Zip Code

Business Contact Information

Owner Name

Phone

Email

Comments

Please identify and describe the reasons for cancelling your Business Licence with the Town

I declare that I am authorized to act in relation to the stated licence and that the information supplied in this document is true and correct.

Date of Closure

Signature

Date

OFFICE USE ONLY

**Date Application
Received**

Signature

Processed By