



**City of Revelstoke
Development Services**
216 Mackenzie Ave
250-837-3637 building@revelstoke.ca

BUSINESS LICENCE CANCELLATION FORM

Business Name: _____

Business Licence Number: _____

Business Address: _____

Registered Business Owner's Name: _____

Email Address: _____

Telephone Number: _____

Please be advised this business is closing it's Business Licence and will no longer be operating within the City of Revelstoke.

PLEASE CHECK ONE:

- No longer operating business**
- Moving to another municipality**
- Sold business**
- Other (please specify):**

Signature _____ **Date** _____

Please note this must be the signature of the current Registered Business Owner.

Return completed application to:

By Mail:
City of Revelstoke - Development Services
PO Box 170
Revelstoke BC
VOE 2S0

Email:
building@revelstoke.ca

In Person:
Development Services
216 Mackenzie Ave
(2nd St Entrance)
Revelstoke BC
VOE 2S0