

BUSINESS LICENCE CANCELLATION

CONTACT INFORMATION:	
NAME:	PHONE:
EMAIL:	DATE:
PLEASE BE ADVISED THAT THE FOLLOWING BUSINESS:	
COMPANY NAME:	
COMPANY ADDRESS:	
IS: (PLEASE CHOOSE APPROPRIATE REASON AND ENTER EFFECTIVE DATE)	
NO LONGER IN BUSINESS	EFFECTIVE DATE:
NO LONGER IN BUSINESS IN LADYSMITH	EFFECTIVE DATE:
NO LONGER NEED INTER- COMMUNITY BUSINESS LICENCE	EFFECTIVE DATE:
PLEASE NOTE: IF YOU WILL BE CONDUCTING BUSINESS IN LADYSMITH IN THE FUTURE, YOU WILL NEED TO REAPPLY FOR A BUSINESS LICENCE.	
TITLE:	SIGNATURE:

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