



Business Closure Form

If you are no longer operating your business, please complete this form and return it to the bylaw and licencing office.

Please note: If there has been a change of ownership, the new owner(s) must complete a new business licence application.

Date: _____

Business Name:	
Business Licence #: (if known)	
Date of Closure:	
Business Address:	
Business Phone #:	

By signing this document, I give the Business Licence Department authority to review my account. Should there be an outstanding balance, that balance will be discussed with the undersigned prior to inactivating the above-noted business.

Owners Signature	Date
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All information gathered for business licensing purposes is managed in accordance with the provisions of the Freedom of Information (FOI) and Protection of Privacy Act. If you have any questions or for more information about this, please contact the FOI Head, Ceri Marlo at 604-467-7482 or cmarlo@mapleridge.ca