



**DECLARATION OF BUSINESS CLOSURE**

I, \_\_\_\_\_ (PRINT NAME) DECLARE THAT THE  
BUSINESS KNOWN AS

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IS NO LONGER OPERATING WITHIN THE BOUNDRIES OF THE TOWN OF SLAVE  
LAKE AS OF

\_\_\_\_\_ (MONTH/DAY/YEAR).

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**SIGNATURE**

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**DATE (MM/DD/YY)**

This personal information is being collected under the authority of the Municipal Government Act and will be used for the licensing of businesses in the Town of Slave Lake. It may be shared with relevant Town of Slave Lake departments, and/or any other applicable Municipal, Provincial or Federal agencies required as part of the business licence application process. It may also be used to conduct ongoing evaluations of services from Planning and Development. The name, general phone number and nature of the business will be available to the public. Please send FOIP inquires by mail to the Finance Department Director P.O. Box 1030 or call 780-849-8000.

**"BY WORKING TOGETHER WE ARE BUILDING A BETTER COMMUNITY"**

P.O. BOX 1030, 10 MAIN STREET S.W. SLAVE LAKE ALBERTA T0G 2A0

(780)849-8000 FAX (780)849-2633

EMAIL: [businesslicences@slavelake.ca](mailto:businesslicences@slavelake.ca)