



#10 Main Street, SW
P.O. Box 1030
Slave Lake, Alberta
T0G 2A0

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DECLARATION OF BUSINESS CLOSURE

I, _____ DECLARE THAT THE
(Print Name)

BUSINESS KNOWN AS _____

IS NO LONGER OPERATING WITHIN THE BOUNDARIES OF THE

TOWN OF SLAVE LAKE AS OF _____
(Month / Day / Year)

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 is protected by the privacy provisions of the Freedom of Information and Privacy Act. If you have any questions about the collection of this information please contact Kathleen Giroux, P.O. Box 1030, Slave Lake, Alberta, T0G 2A0, (780) 849-8000, Ext. 8020

SIGNATURE

DATE

**IF YOUR BUSINESS IS NO LONGER OPERATING PLEASE
COMPLETE THIS FORM AND RETURN IT TO THE TOWN
OFFICE.**