



**OFFICE USE ONLY**

DEPARTMENT	YES	NO	SIGNATURE OF APPROVAL
Fire Department Approval Required			
Building Inspector Approval Required			
Building Permit Required			
Planning Department Approval Required			
Council Approval Required			
<b>LICENCE INSPECTOR FINAL APPROVAL</b>			
_____ Ron Bernt		_____ Date	
<b>COMMENTS:</b>			

CHANGE IN BUSINESS CONDITIONS OR NOTIFICATION OF CEASING TO DO BUSINESS	
DATE OF CHANGE: _____	
TYPE OF CHANGE (ie. changes to your mailing address, business location, classifications, category, conditions, or if you have ceased to do business.)	
FROM: _____	TO: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Has your business ceased operating? Yes _____	
Additional Fee Required _____	Amount of Fee _____
Date Change Entered _____	Posted By _____