



BUSINESS LICENCE CANCELLATION FORM

LICENCE HOLDER'S DETAILS	
Business Licence Number:	
Licence holder's name:	
Business name (if any):	
Address of premises from which business is carried out:	
Postal address if different from above:	
Contact number:	
Name of person completing form:	
Position in business:	

I HEREBY REQUEST THAT the above-mentioned Business Licence be cancelled with immediate effect.

I HEREBY DECLARE THAT:

1. to the best of my knowledge the information provided in this form is correct and not misleading in any manner;
2. the licence-holder is aware that once the business licence is cancelled they will not be able to carry on the business in relation to which the licence relates in Gibraltar and will have to re-apply for a new Business Licence should they wish to do so; and
3. I am the licence-holder / I have the express authority of the licence-holder (delete as appropriate) to request the cancellation of the Business Licence

SIGNATURE _____

DATE _____

For office use only:

- ID Card/Passport of licence-holder/director of licensed company received.
- ID Card/Passport of person submitting the form (if different)