

Robert Kostlivy DIRECTOR

CANCELLATION OF BUSINESS

l,	(Na	ame) represe	nting	
(Business Name) as			(Title) have relinquished my	
interest in the follo	wing:			
Business Name: _				
Business Address:		City:		
Business Type:	□ Permanent Food Facility		□ Mobile Food Facility	
□ Pool/Spa	□ Pump Truck	□ CFO	□ Body Art Facility	
As of(mon	th)(day),	(year), I n	o longer operate this business.	
Signature:			Date:	
	DE	R OFFICE U	SE	
Received by:		Date:	Business ID:	
Status Change Completed by:			Date:	
Comments:				

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