



I _____, the owner officer authorized party*
for _____ located at _____
_____ request the cancellation of

all licenses.
 the following license(s) _____
_____ License Number(s)

As of _____,
_____ Date of closure/cancellation

The businesses has/was:

- closed.**
- relocated** outside of Henderson and will not conduct any business within the City that requires a business license.
- restructured** and requires new licensing.
- sold.**

Signed

Title

Date

****Please note: An individual acting as an authorized party must provide a letter of authorization on company letterhead or notarized letter signed by an owner/officer to act on behalf of the company.***

This request for cancellation is limited to licenses issued by the City of Henderson.