Business Information	
Business Name:	
Business Address:	
Licenses to Cancel: All Licenses  License Numbers:	
Date of Cancellation:	
Reason for Cancellation:  Closed Business on  Relocated Outside/Not Conducting Business in Henderson  Restructured and Requires New Licensing  Sold Business on	
Owner, Officer, Authorized Party Representation*	
Name:	Title:
Email:	Phone:
<b>Certification:</b> I, the undersigned, hereby represent that I am authorized to act on behalf of the above business, request the cancellation of the aforementioned license(s) and will no longer conduct business in Henderson under said licenses.	
Signature	Date
*An individual acting as an authorized party must provide a letter of authorization on company letterhead, or a notarized letter signed by an owner/officer to act on behalf of the company.	