



COURIER: 321-36000 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244 Victoria, BC V8W 9J2
EMAIL: operations@consumerprotectionbc.ca
FAX: (250) 920-7181 **P:** (604) 320-1664
TF: 1.888.564.9963 www.consumerprotectionbc.ca

**Industry
 Voluntary Business
 Closure**

Please notify Consumer Protection BC if you chose to voluntarily close your licensed business. This will allow us to update our records and manage your account accordingly.

Note that a business closure will be effective in our system on the date that we receive this notice. This date will be used to determine when a security can be released, where applicable.

BUSINESS INFORMATION

1. Legal name:
 (Exact name in CAPITAL LETTERS)
2. Trade/DBA names:
 (Exact name in CAPITAL LETTERS)
3. Business licence #:
4. Date of business closure:.....
5. Licensed location address:.....
6. Please provide a brief description of the reason for the business closure:

SECURITY (IF APPLICABLE)

1. Return of securities will be issued in the name of the licensed business only.
2. The business closure date will be used to determine when security can be released.
3. Please ensure that you **update our office with any address changes** between the business closure date and the security release date.

DECLARATION

I/We hereby confirm that the information supplied in this application is complete and true to my best knowledge and belief.

Authorized signing officer:

Signature: Date:

Print name: Title:

