

If you are no longer operating your business in Fox Creek, please fill in and return this form

STATUTORY DECLARATION BUSINESS OPERATIONS IN FOX CREEK

I (WE)			of			. in
. (**=)	Name of business owner(s)			dress		,
the	of			in the Province	of	
	Town, city	name of town or city	/			
	Province , POSTAL CODE postal code			, MAKE OATH		
	Province	postal o	code			
AND S	SAY:					
1.	I/We am/are one of t	he registered owner(s	s) of the BUS	SINESS operatir	ng or known as:	
2.	The above named but	usiness is no longer o	perating in t	he Town of Fox	Creek, AB.	
3.	We ceased operation	ns in Fox Creek on	day of	month	year	<u>_</u> .
TRUE OATH	WE MAKE THIS SO AND KNOWING IT AND BY VIRTUE O E IN CANADA OR IN	IS OF THE SAME F ANY EVIDENCE A	FORCE AN ACT OR SIM	D EFFECT AS	IF MADE UND	DER
			Signature	e of business owner		
			Printed n	ame of business owner		

Return your completed form

in person: 102 Kaybob Drive, Fox Creek, AB.

by mail: Town of Fox Creek PO Box 149, Fox Creek, AB. T0H 1P0

by Fax: 780-622-4247

by email: development@foxcreek.ca