



LICENCE CANCELLATION FORM

Date: _____

I wish to request the cancellation of licence number:

Effective Date of Cancellation:

Reasons for cancellation: _____

Additional Information (if required)

Print Name of Licence Holder/Director

By typing my name above, I certify and attest that my statements on this form are true and complete.

Please submit form for processing to mlsbusinesslicence@toronto.ca

Notice of Collection Statement

Municipal Licensing and Standards collects personal information in this application form under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, section 136(c), and City of Toronto Municipal Code, 313, 395, 466, 545, 546, 547, 693, 740, or 742. The information will be used to process, issue, monitor and regulate licenses issued by the City of Toronto, Municipal Licensing and Standards Division. Questions about this collection can be directed to the Director of Licensing Services, 850 Coxwell Avenue, 3rd Floor, Toronto, Ontario M4C 5R1 or by telephone at 416-392-3071.