



City of Arvin
200 Campus Dr.
P.O. Box 548
Arvin, CA 93203

NOTICE OF BUSINESS LICENSE CANCELLATION

Print Name (First, Last): _____

Company Name: _____

Company Address: _____

City

State

Zip code

Effective Cancellation Date: _____

Phone Number: _____

This notice shall serve as cancellation of my business license for the Company Name listed above as this company is no longer conducting business within the City of Arvin.

Signature: _____

PLEASE RETURN THIS LETTER TO CITY OF ARVIN, CITY HALL.

For Office Use Only

Business Identification No. _____

Received by: _____ Date Received: _____

Business License No. _____

Entered by: _____ Date Entered: _____