

Appendix D Ownership Transfer

Business Licence Department 6911 No. 3 Road, Richmond, BC V6Y 2C1

www.richmond.ca

Business Licence Department Tel: 604-276-4328 Fax: 604-276-4157

TO BE COMPLETED BY SELLER OF BUSINESS.

Business Name:_____

Business Licence Number:_____

I _____, the seller of the above noted business,

hereby authorize the transfer of the above Business Licence.

Signature

Date