
Date

City of Hialeah Gardens
10001 NW 87 Ave
Hialeah Gardens, FL 33016

Attn: Business Tax Receipt

RE: LICENSE NUMBER: _____

BUSINESS NAME : _____

To Whom It May Concern:

Please cancel the above referenced license. I am no longer at the following location:

_____.

Should you need further information, do not hesitate to contact us.

Respectfully,

Sign Name

Print Name