

## Notice of Appeal – License **Saskatoon License Appeal Board**

To the Secretary of the Saskatoon License Appeal Board:

TO the Secretar	•		<u>'</u>				
Personal Inform	mation						
Name of Appellant		Agent	Agent Name (if applicable)		Date Received Stamp		
Street Address (fo	r notification purpose	es)					
( -		,			(Of	ffice Use Only)	
City		Provin	Province		Postal Code		
Residential Phone #		Busine	Business Phone #		Email Address		
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License/Application Particulars							
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License Number (i	т аррисаоїе)	License Type	e (e.g. taxi, pawnshop)	License Exp	one of the followir iry Date L	ig: License Application Date YYYY MM DD	
Location of Busine	ess (if applicable)						
My License Wa	<b>is:</b> (Check <u>one</u> box on	ly)					
Refused		Suspend	ed 🔲	Cancelled		Made Conditional	
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