

To the Secretary of the Saskatoon Licence Appeal Board:

Personal Information		
Name of Appellant	Agent Name (if applicable)	Date Received Stamp
Street Address (for notification purposes)		(Office Use Only)
City	Province	Postal Code
Residential Phone # ()	Business Phone # ()	Email Address

Licence/Application Particulars		
Licence Number (if applicable)	Licence Type (e.g. taxi, pawnshop)	Please pick <u>one</u> of the following: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Licence Expiry Date YYYY MM DD </div> <div style="text-align: center;"> Licence Application Date YYYY MM DD </div> </div>
Location of Business (if applicable)		

My Licence Was: (Check <u>one</u> box only)
<input type="checkbox"/> Refused <input type="checkbox"/> Suspended <input type="checkbox"/> Cancelled <input type="checkbox"/> Made Conditional

Reasons For Appeal
Explain your reasons for appeal and state the material facts upon which this appeal is based. Be specific and provide as much detail as possible.
(Attach a separate page if necessary)
Please Note: An appellant who files a notice of appeal shall at the time of filing the appeal pay a fee of \$50.00 which is non-refundable and may not be waived or reduced under any circumstances.

This personal information is collected under the authority of *The Local Authority Freedom of Information and Protection of Privacy Act*. This information will be used for processing your appeal and will become part of a public agenda. If you have any questions regarding the collection of this information, please contact the **Saskatoon Licence Appeal Board at (306) 975-3240 or 222 – 3rd Avenue North, Saskatoon SK, S7K 0J5.**

Signature of Appellant/Agent	Date YYYY MM DD
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FOR OFFICE USE ONLY				
Final Date of Appeal YYYY MM DD	SLAB Appeal Number	\$50 Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Date YYYY MM DD	Date Appellant Notified YYYY MM DD