



BUSINESS LICENSE CLOSURE NOTICE

Please complete the following information:

Business License Number: _____

Business Name: _____

Business Address: _____

Owner(s) Name: _____

Phone Number: _____

Closure Date: _____

Reason for Closure: _____

I declare, under penalty of perjury, that the information provided on this form is true and correct.

Owner's Signature

Date

(Office Use Only)

Received:

Closed: