



Business License- Closure Form

Business/Corporation Name: _____

Trading As: _____

Business Mailing Address: _____

Business Physical Address (if different): _____

Primary Email Address: _____ **Website:** _____

Owner's Name: _____

Owner's Address: _____

Business Type: _____ **Start Date:** _____ **Home Based** Yes No

Business Category: Food Service Retail Professional/Service Industrial Other _____

Telephone Primary _____ Cell _____ Fax _____

FEIN/SSN: _____

Business Structure: Sole Proprietor Partnership Corporation LLC Other _____

Business Closure Date: _____

Reason for closure:

CERTIFICATION OF LICENSEE

I CERTIFY THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE, FULL, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Printed Name

Signature:

Title: _____ **Date:** _____