



Notification of Business Activity Ceasing

Business Name: _____

Business Account Number: _____

Reason for Closure Request: _____

Date Business Ceased: _____

Forwarding Address Information

Current Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Email Address: _____

New Owner Information

New Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Email Address: _____

I certify that all business activity has ceased as of the date above. It is understood that the closing of this account shall in no way relieve the owner(s) of this business from any license fees, Business and Occupation Taxes or the City Service Fees due to the City.

Signature

Title

Date