

Notification of Business Closure

I, _____ being the Owner/Owners representative of
_____ having complete authority, do hereby close said
business located at _____, ceasing all operations
effective on ____/____/____.

In the event that I decide to re-open said business, I will reapply at a later date with a complete updated application.

Signature of Owner/Owners representative: _____

Signature of licensing representative: _____

Business License Number: _____

Date: ____/____/____