



BUSINESS LICENSE TERMINATION

Business Information	Owner/Applicant Name:		Owner/Applicant Address:		Phone:		
	Business/Corporation Name:			DBA Name:		Business License #:	
	Address/Location:					Date Closed:	
	Bill To/Mailing Address:					Telephone Number:	
	City:		State:			Zip:	

Reason for Business License Termination

- Business Closed
- Moved to another Location
 - Need More Space
 - Need More Modern Facility or Equipment
 - Need Better Access to Labor Pool
 - Need to Be Closer to Customer and/or Supplier Base
 - Lower Operating Costs
 - Consolidation of Facilities
 - Moving Closer to industry Cluster
- Sold Business

Sold Business	Buyer's Name:		Buyer's Address:		Buyer's Phone:		
	Previous Owner Name:		Previous Owner Address:		Previous Owner Phone:		
	Business Name:			DBA Name:		License #:	
	Address/Location:					Date Sold:	
	Bill To/Mailing Address:					Telephone Number:	
	City:		State:			Zip:	

Signature _____ Position _____ Date _____

**** A copy of a valid ID is required ****

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