



Notice of Business Closure/Sale

Please mail, fax, email, or bring your completed form to our office at 40 Richard Davis Drive.

Name: _____

Email: _____ Phone: _____

Business Name: _____

Business License No. _____

Business Address:

City State Zip

Business Will Be: (Check One)

Closed

Sold

Date Business will be Closed/Sold: _____

New Owner Information (If Business was Sold)

Name: _____

Email: _____ Phone: _____

Address:

City State Zip

By submitting this form, I certify that the information I have listed above is true and correct and I am an authorized representative of the business listed on this form.

Signature _____ Date _____

OFFICE USE ONLY		
Date Received:	_____	
Sent to P&Z	Date Received: _____	Date Approved: _____
Sent to RDS	Date Received: _____	Date Approved: _____