



CITY OF OWENSBORO, KY

REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT AND NOTIFICATION OF BUSINESS ACTIVITY CEASING WITHIN THE CITY OF OWENSBORO, KY

Business Name: _____

City Account Number: _____ Date All Business Activity Ceased In City: _____

Reason for Closure Request: _____

ADDRESS: (CURRENT OWNER'S FORWARDING)

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

IS BUSINESS UNDER NEW OWNERSHIP: (NEW OWNER'S ADDRESS)

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

DOES THE BUSINESS HOLD AN ALCOHOL LICENSE: YES NO

I CERTIFY THAT ALL BUSINESS ACTIVITY HAS CEASED WITHIN THE CITY OF OWENSBORO, KY AS OF THE DATE ABOVE. IT IS UNDERSTOOD THAT THE CLOSING OF THIS ACCOUNT SHALL IN NO WAY RELIEVE THE OWNERS OF THE BUSINESS FROM ANY OCCUPATIONAL LICENSE FEES DUE TO THE CITY CURRENTLY, OR IN THE FUTURE, FROM BEING PAID.

SIGNATURE TITLE DATE