

OUT OF BUSINESS

Out of Business Date: _____

License # _____

Reason Out of Business : No longer in Business
 Closed Business
 Other (please specify) _____

Change Business Name
 Property Sold

Name of Business: _____

Business Address: _____
Street City State Zip

Owner's Name: _____ Phone: _____

Mailing Address: _____
Street City State Zip

What was done with the assets of the business? _____

If Sold, New Owner's Name: _____ Phone: _____
Street City State Zip

Change Requested by: Owner or Authorized Agent
 Phone
 Correspondence from Owner or Authorized Agent (Attached)

Occupational License Picked up: Yes (Attached) No

Tangible Personal Property Account Number: _____

Are your Tangible Personal Property Taxes paid to date? Yes No Not Sure

***Please be Advised: If you were in business as of January 1st,
you will be responsible for tangible personal property taxes due for that year.***

Signature (Owner or Authorized Agent) _____

Date _____

BELOW FOR OFFICE USE ONLY

Date of inspection: _____ Out of business _____ New tenants _____

Field Inspector _____

Tax Collector's Agent _____

COMPUTER UPDATE

Date: _____

Operator: _____