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CERTIFICATION OF CLOSED OR SOLD BUSINESS

Business Name: _____

Trade Name (if different): _____

This business was:

PERMANENTLY CLOSED AS OF DATE: _____

SOLD AS OF DATE: _____

Signature: _____

Print Name and Title: _____

Telephone: _____ Date: _____

UPDATED INFORMATION FOR CLOSED/SELLING OWNER:

Mailing Address: _____

Phone / Email: _____

IF SOLD, INFORMATION FOR NEW OWNER:

Name: _____

Mailing Address: _____

Phone / Email: _____

----- Commissioner of the Revenue Office Use Only -----

Control #: _____ Initials: _____ Date: _____