



DECLARATION OF CLOSED BUSINESS / NO BUSINESS

Account Number: _____ (If Applicable)

Business Name: _____

Owner's Name: _____

Physical Address of Former Business: _____
(If Applicable) _____

If you were in business, was the equipment sold? Yes No

If yes, please list below the name, address and telephone number of individual who purchased the equipment.

Name

Telephone Number

Address

City, State, Zip Code

Please list below the equipment or items sold:

I certify that I am the former owner of the business listed above and I certify that the business closed on _____, or I do not operate a business in A UX]gcb County.

Signature

Date

Print Name

Telephone Number