



**CITY OF DANVILLE, KY  
REQUEST TO CLOSE  
BUSINESS LICENSE ACCOUNT**

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

CITY BUSINESS LICENSE ACCOUNT #: \_\_\_\_\_

REASON FOR CLOSURE REQUEST: \_\_\_\_\_

DATE BUSINESS ACTIVITY CEASED IN THE CITY: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

*\*If business is under new ownership please provide information below:*

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

City of Danville  
Attn: Business Licensing  
P.O. Box 670  
Danville, KY 40423-0670  
Phone: (859) 238-1200  
Fax: (859) 238-1232