



**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