



## CITY OF BOWLING GREEN, KY

### REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT AND NOTIFICATION OF BUSINESS ACTIVITY CEASING WITHIN THE CITY LIMITS OF BOWLING GREEN, KY

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

City Account Number: \_\_\_\_\_ Date All Business Activity Ceased In City: \_\_\_\_\_

Reason For Closure Request: \_\_\_\_\_

#### **ADDRESS: (CURRENT OWNER'S FORWARDING)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

#### **IS BUSINESS UNDER NEW OWNERSHIP: (NEW OWNER'S ADDRESS)**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DOES THIS BUSINESS HOLD AN ALCOHOL LICENSE: YES ( ) NO ( )

I CERTIFY THAT ALL BUSINESS ACTIVITY HAS CEASED WITHIN THE CITY LIMITS OF BOWLING GREEN, KY 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 THE CITY CURRENTLY, OR IN THE FUTURE, FROM BEING PAID.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE