

REQUEST TO CLOSE

CITY OF HARRODSBURG

BUSINESS LICENSE ACCOUNT



Business Name: _____

City Account #: _____

Date All Business Activity
Ceased: _____

Reason for Closure Request: _____

Current Owner's Forwarding Address: _____

Phone Number: _____

If Business is Under New Ownership Please Provide New Ownership Information Below:

Name: _____

Phone Number: _____

Email: _____

****I certify that all business activity in the city limits of Harrodsburg has ceased as of the date listed above. I understand that the closing of this account in no way relieve payment from the owners of this business from any occupational license tax or net profit tax due to the City of Harrodsburg.****

Signature

Date