

PERMIT TO CLOSE BUSINESS/DISPOSE OF ASSETS

NAME OF BUSINESS _____

LOCATION OF BUSINESS _____

CITY _____ Zip Code _____

NAME OF BUSINESS OWNER _____

ADDRESS OF BUSINESS OWNER _____

CITY _____ Zip Code _____

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

NATURE OF BUSINESS _____

DATE OF CLOSING OR SALE OF ASSETS _____

NAME OF PURCHASER _____

ADDRESS OF PURCHASER _____

CITY _____ Zip Code _____

NEW LOCATION OF BUSINESS _____

CITY _____ Zip Code _____

PERMANENT PARCEL NUMBER _____

SIGNATURE OF OWNER

DATE OF FILING