

NOTICE OF BUSINESS CLOSURE

Please fill in the document, print, and sign.

 <p>City of Duarte c/o Business License Section 1600 Huntington Drive Duarte, CA 91010 (626) 386-6813 Fax (626) 358-0018 swartk@accessduarte.com</p>	<p>Please note: *If business was conducted <u>after</u> the business license expiration date, the license must be renewed. **A business license is not transferable - a new owner must obtain a new business license per DMC 5.04.070.</p> <p>New or additional business activities or locations require separate business licenses</p>
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CURRENT BUSINESS INFORMATION

Business Name		Business License No.		
DBA/Fictitious Name		Business Phone		
Business Address	Suite/Apt	City	State	Zip
Please enter the date the business last operated in Duarte*				Year
				Month
				Day

CURRENT BUSINESS ACTIVITY INFORMATION

Please mark the box(es) next to the reason(s) for closure of the business license and add details, as needed.

<input type="checkbox"/> Business is not physically located in Duarte and has ceased operations in Duarte.										
<input type="checkbox"/> Business has ceased operations in Duarte.										
<input type="checkbox"/> Business Sold** <i>Please provide new owner information below.</i>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name/Title of New Owner</td> <td>Phone</td> </tr> <tr> <td>Address of New Owner</td> <td>Suite/Apt</td> </tr> <tr> <td></td> <td>City</td> </tr> <tr> <td></td> <td>State</td> </tr> <tr> <td></td> <td>Zip</td> </tr> </table>	Name/Title of New Owner	Phone	Address of New Owner	Suite/Apt		City		State		Zip
Name/Title of New Owner	Phone									
Address of New Owner	Suite/Apt									
	City									
	State									
	Zip									
<input type="checkbox"/> Business moved out of Duarte. <i>Please provide new address below.</i>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Address of New Location</td> <td>Suite/Apt</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> </table>	Address of New Location	Suite/Apt	City	State	Zip					
Address of New Location	Suite/Apt	City	State	Zip						

<input type="checkbox"/> Business entity dissolved, business no longer exists.	Date of Dissolution
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<input type="checkbox"/> Other. <i>Please provide details below.</i>

SIGNATURE OF APPLICANT

I declare, under penalty of perjury, the above statements to be true and correct.

Signature _____ Date _____

Print Name _____ Title _____

OFFICE USE ONLY

Date & Initial _____	Comments _____
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