

City of Union

www.cityofunionky.org

1843 Bristow Drive

Union, KY 41091

859-384-1511

occtax@cityofunionky.org

Request to Close Occupational License Account

Name: _____

Account No: _____

DBA: _____

FEIN/SSN: _____

(please advise if incorrect)

Address: _____

City: _____

State, Zip: _____

For Official Use Only

Date Entered:

Initial:

New Account Number:

** If forming new entity, enter the account number of new business.

1. Date all business activity ceased in the City of Union:

2. Reason for Closure:

(sale; discontinuance; dissolution; bankruptcy; formed LLC; incorporated from proprietorship or partnership; merger)

3. If bankruptcy, please advise Court Order and Case No.

4. If the business has been sold, please advise the new owner's address:

New Owner Information

Contact Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Printed Name: _____ **Signed:** _____

Official Title: _____ **Date:** _____

E-mail: _____ **Phone No.** _____

I declare, under the penalties of perjury, that I have examined this document and to the best of my knowledge and belief, this is a true and accurate informational statement.