

CITY OF CHOWCHILLA CALIFORNIA



Finance Department
Chowchilla City Hall
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Chowchilla, CA 93610
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BUSINESS LICENSE CLOSURE FORM

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)						
Legal Business Name/DBA		Business License #				
Business Physical Address Number _____ Street _____ Unit/Suite # _____ City _____ State _____ Zip _____						
Contact Phone		Email				
Enter the date the business last operated in Chowchilla?*			Month	Day	Year	
*IF BUSINESS WAS CONDUCTED AFTER THE BUSINESS LICENSE EXPIRE DATE, THE LICENSE MUST BE RENEWED.						
CLOSURE DETAILS – Please mark the check box next to the reason for closure of the business license and add details as needed:						
Business is not physically located in Chowchilla and has ceased operations in Chowchilla.						
Business Sold** – <i>Provide new owner information below</i>						
	New owner's name			New owner's phone number		
	New owner's address Number _____ Street _____ Unit/Suite # _____ City _____ State _____ Zip _____					
Business moved out of Chowchilla. <i>Provide new address below</i> Number _____ Street _____ Unit/Suite # _____ City _____ State _____ Zip _____						
Owner is deceased			Date of Death			
Business entity dissolved, business no longer exists			Date of Dissolution			
Other. Please provide details in the area below						
**A BUSINESS LICENSE IS NOT TRANSFERABLE – A NEW OWNER MUST OBTAIN A NEW BUSINESS LICENSE PER CMC § 5.04.050.						
ACKNOWLEDGEMENT AND CONFIRMATION						
I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true, correct and complete statement made in good faith.						
Printed name		Signature			Date	

CITY USE ONLY		Comments
Business License #		Comments
Date Received		