

CITY OF CHOWCHILLA CALIFORNIA



Finance Department
 Chowchilla City Hall
 130 S Second Street
 Chowchilla, CA 93610
 Telephone: (559) 665-8615, ext. 783
 www.CityOfChowchilla.org

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** – Provide new owner information below							
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. Provide new address below							
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 #	
Date Received	