

CITY OF CHOWCHILLA CALIFORNIA



Finance Department
 Chowchilla City Hall
 130 S Second Street
 Chowchilla, CA 93610
 Telephone: (559) 665-8615, ext. 751
 Finance@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	