

CITY OF WILMORE

REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

335 E. MAIN STREET, WILMORE, KY 40390

Legal Business Name _____
DBA _____
Social Security or Federal Tax ID Number: _____
Date All Business Activity Ceased In City: _____
Reason for Closure Request: _____

Current Owner's Forwarding Address

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

New Owner's Information

Name: _____
Address: _____
City/State/Zip: _____ Fax: _____
Phone: _____
Email: _____

I certify that all the business has ceased within the city limits of Wilmore, Kentucky as of the date above. It is understood that the closing of this account shall in no way relieve the owners of the business from any occupational license fees due to the city currently, or in the future, from being paid.

Authorized signature: _____ Title: _____ Date: _____

PLEASE MAIL OR FAX TO:
CITY OF WILMORE
CITY CLERK
335 E. MAIN ST
WILMORE, KY 40390
FAX: (859) 858-3595
PHONE: 859-858-4411