

CITY OF WILMORE

REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

210 S. Lexington Ave., 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  
210 S. Lexington Ave.  
WILMORE, KY 40390  
FAX: (859) 858-3595  
PHONE: 859-858-4411