

BUSINESS LICENSE ACCOUNT CLOSURE FORM

ALL FIELDS ARE REQUIRED

INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED

CURRENT BUSINESS INFORMATION ON FILE

ACCOUNT NUMBER:

COMPLETE BUSINESS NAME (INCLUDING DBA):

BUSINESS ADDRESS :

CITY:

STATE:

ZIP CODE:

REQUESTED MAILING ADDRESS

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

ADDITIONAL INFORMATION:

WHAT DATE DID YOUR BUSINESS CLOSE OR MOVE? (mm/dd/yyyy):

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT AND CONTAINS NO FALSE OR FRAUDULENT INFORMATION.

SIGNATURE OF AUTHORIZED PERSON:

DATE:

PRINTED NAME OF AUTHORIZED PERSON:

TITLE:

EMAIL:

PHONE NUMBER:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. YOU WILL NOT RECEIVE AN ADDITIONAL CONFIRMATION THAT THE ACCOUNT HAS BEEN CLOSED. ADDITIONALLY, YOU ARE RESPONSIBLE FOR CLOSING YOUR PERSONAL PROPERTY TAX ACCOUNT WITH THE COUNTY TAX ASSESSOR'S OFFICE.

THANK YOU.

EMAIL COMPLETED FORM TO: ACOLE@CITYOFBUFORD.COM

OR MAIL TO: CITY OF BUFORD
ATTN: AUTUMN COLE
2300 BUFORD HWY
BUFORD, GA 30518