



# City of Edmonton

P.O. Box 374 • Edmonton, Kentucky 42129

Phone: 270-432-2811

Fax: 270-432-3949

## REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

Business Name:

City Account #:

\_\_\_\_\_

\_\_\_\_\_

Date all Business Activity Ceased:

\_\_\_\_\_

Reason for Closure Request: (business sold, closed, etc)

\_\_\_\_\_

Current owners forwarding address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current owners Phone number:

\_\_\_\_\_

If business is under new ownership, please provide new owner information below:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**I certify that all business activity has ceased within the city limits of Edmonton, Kentucky as of the date above. I understand that the closing of this account shall in no way relieve the owners of this business from any Occupational License Fees due the city currently, or in the future, from being paid.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Title

Date



Web: [www.cityofedmontonky.com](http://www.cityofedmontonky.com)

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