

CLOSE BUSINESS REQUEST FORM

SUBMIT TO

**Fax:** 205/333-3016 **Email:** [cherren@cityofnorthport.org](mailto:cherren@cityofnorthport.org)

**Mail:** PO BOX 569, Northport, AL 35476

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**NORTHPORT ID# (located at top right of License):** \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

DATE OF BUSINESS CLOSING: \_\_\_\_\_

IF BUSINESS SOLD:

NEW OWNER NAME : \_\_\_\_\_

NEW OWNER MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_

DATE