



# City of Covington

## TERMINATION OF BUSINESS NOTICE

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Bus. No.: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

**I. BUSINESS INFORMATION:**

Full Business Name: \_\_\_\_\_

Doing Business As (If Applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

I hereby declare under penalty of perjury that all the foregoing is true and correct.

I am no longer operating the above said business effective: \_\_\_\_\_

Signature of Authorized Business Owner, Officer, or Authorized Agent:

\_\_\_\_\_

Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY STAMP BELOW:

SUBSCRIBED AND SWORN BEFORE ME:

\_\_\_\_\_

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_