

# BUSINESS LICENSE ACCOUNT CLOSURE FORM

**\*ALL FIELDS ARE REQUIRED\***

**INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED**

## CURRENT BUSINESS INFORMATION ON FILE

Account Number or Certificate Number:

Complete Business Name (DBA):

Business Location Address:

City:

State:

Zip Code:

## REQUESTED MAILING ADDRESS

Name:

Mailing Address:

City:

State:

Zip Code:

## ADDITIONAL INFORMATION

What date did your business close? (MM-DD-YYYY):

What was your FINAL GEORGIA GROSS REVENUE at this location, from January 1<sup>st</sup> through the date that your business closed?: \$

## SIGNATURES

I certify that I am a Sole Owner/President/CEO/Managing Member/Majority Partner of the above mentioned business, and authorized to make changes to and/or close this account. In addition, I certify the above information is true and correct and contains no false or fraudulent information.

Signature of Authorized Person Completing Form:

Today's  
Date:

Printed Name of Authorized Person Completing Form:

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.**

**Thank You.**

**Please mail completed form to:**

GWINNETT COUNTY LICENSE & REVENUE  
P.O. BOX 1045  
LAWRENCEVILLE, GA 30046