



BUSINESS 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 stop operating or move from our jurisdiction? **(MM-DD-YYYY):**

What was the FINAL GEORGIA GROSS REVENUE from the **Gwinnett** location, from January 1st to the last day of your business operating in **Gwinnett**?

Gross Amount: \$

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:

Submit to Gwinnett County Licensing & Revenue for processing:

Email: P&D-LicenseRevenue@GwinnettCounty.com

Mail: Gwinnett County License & Revenue PO BOX 1045 Lawrenceville, GA 30046

If you have any questions, please contact our offices at 678.377.4100