



BUSINESS LICENSE CLOSED FORM

Please bring this completed form along with your Driver's License to our office:

Development Services Department
Business License Division
150 S. Palm Avenue
Rialto, CA 92376
Phone: (909) 820-2525

LICENSE #: _____ DATE CLOSED: _____

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

OWNER(S) NAME: _____

OWNER(S) NAME: _____

REASON FOR CLOSING: _____

IF MORE THAN ONE OWNER, BOTH MUST SIGN DOCUMENT AND CLOSE THE BUSINESS IN PERSON.

SIGNATURE

DATE SIGNED

SIGNATURE

DATE SIGNED