



Business License Closure Form

City Of West Sacramento
 Community Development Department
 1110 West Capitol Avenue, 2nd Floor, West Sacramento, CA 95691
 Phone: (916) 617-4645, Fax: (916) 371-0845

Please complete this form if you are no longer doing business in the City of West Sacramento. This document will service as notice for our office to officially cancel your license. Until such time that the City has received a notice of cancellation or closure, it is assumed that you are still operating and transacting business. It is the business owner's responsibility to ensure that they have formally closed the business license with the City.

Business Name	Business Address	Business License #	Date Business Closed

Select Reason For Closure:

Please mark the check box next to the reason for closure and add details if necessary.

- This business is dissolved and no longer being conducted in, or from, West Sacramento.
- This business has moved out of the West Sacramento city limits.
- Business has been sold (please provide new ownership information below)
- Other Reason: _____

New Owner's Name

New Owner's Address

New Owner's Phone Number

I, _____, hereby certify under penalty of perjury, that I am **NOT** doing business within the City Of West Sacramento, and would like to cancel the business license stated above. I also certify that I am an authorized person with authority to sign this document and close this business. I have completed this form to the best of my knowledge and belief and the provided information and statements are true and correct, and fully compliant with all the requirements set forth by the City of West Sacramento.

 Name (Please Print)

 Signature

 Date

Once completed, please submit this form one of the following ways:

E-Mail: katier@cityofwestsacramento.org

Fax: (916) 371-0845

Mail or Hand-Delivery: City Of West Sacramento, Community Development Department
 1110 West Capitol Avenue, 2nd Floor, West Sacramento, CA 95691