

**CITY OF LITTLE ROCK**

Finance • Treasury
Little Rock City Hall
500 W. Markham St. Room 100
Little Rock, AR 72201

Phone: 501-371-4568

Email: LRTreasury@littlerock.gov

**BUSINESS
CLOSURE FORM****Official use Only**

BL#

Date Stamp

All business licenses expire on December 31st of each year. If submitting a statement of closure after a new licensing period begins on January 1st of each year, you may be responsible for any outstanding charges on your account.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name/DBA

Business License #:

Business Physical Address:

Number	Street	Unit/Suite #	City	State	Zip
--------	--------	--------------	------	-------	-----

Contact Phone:

Email:

Mailing Address:

Number	Street	Unit/Suite #	City	State	Zip
--------	--------	--------------	------	-------	-----

CLOSURE DETAILS

Enter the date the business last operated in Little Rock:

Month	Day	Year
-------	-----	------

Please check the box next to the reason for closure of the business and add details as needed.

<input type="checkbox"/> Business entity dissolved, business no longer exists	<input type="checkbox"/> Owner is deceased
<input type="checkbox"/> Business moved outside of Little Rock city limits	<input type="checkbox"/> Business sold; <i>Please provide new owner details below:</i>
<input type="checkbox"/> Other, <i>Please provide details in the area below:</i>	New owner's name: _____

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true, correct and complete statement made in good faith.

Printed Name

Signature

Date