



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.

☐ Business entity dissolved, business no longer exists

☐ Owner is deceased

☐ Business moved outside of Little Rock city limits

☐ Business sold; *Please provide new owner details below:*

☐ Other, *Please provide details in the area below:*

New owner's name:

New owner's phone:

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