



# CITY OF MIDDLETOWN

Phone: 502-245-2762 web: cityofmiddletownky.org

## REQUEST TO CLOSE BUSINESS LICENSE ACCOUNT

Return to: 11803 Old Shelbyville Road, Middletown, KY 40243  
e-mail: license@cityofmiddletownky.org

Business Name: \_\_\_\_\_

Business License Number: \_\_\_\_\_ Date Business Activity Ceased: \_\_\_\_\_

Reason for Closure Request: (sold, transferred, closed, etc...) \_\_\_\_\_

Current Owner's Forwarding Address: \_\_\_\_\_

Current Owner's Contact Number: \_\_\_\_\_

If business is under new ownership, please provide new owner information.

New Owner Name and Address: \_\_\_\_\_

New Owner Contact Number: \_\_\_\_\_

New Owner e-mail: \_\_\_\_\_

*I certify that all business activity has ceased within the city limits of Middletown, Kentucky, as of the above date. I understand that the closing of this account in no way relieves the owner(s) of this business from any Occupational License Tax or Property Tax due to the city of Middletown currently, or in the future, from being paid.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office use only: Date Received \_\_\_\_\_ Accounted closed date: \_\_\_\_\_