

City of Elkton
PO Box 578 · 71 Public Square
Elkton, Kentucky 42220
www.elktonky.com
Ph: 270-265-9877 · Fx: 270-265-5816 · E-mail: cityhall@elktonky.com

Request to Close Business License Account

Business Name: _____

Local Site Address: _____

Reason for Closure Request: _____

Date all Business Activity Will Cease in the City: _____

Current Owner Forwarding Address: _____

Phone: _____

If Business Under New Ownership Please Provide New Information Below:

Address: _____ Phone: _____

I CERTIFY THAT ALL BUSINESS ACTIVITY HAS CEASED WITHIN THE CITY LIMITS OF ELKTON AS OF THE DATE STATED ABOVE. IT IS UNDERSTOOD THAT THE CLOSING OF THIS ACCOUNT SHALL IN NO WAY RELIEVE THE OWNERS OF THIS BUSINESS FROM ANY BUSINESS LICENSE FEES DUE TO THE CITY CURRENTLY, OR IN THE FUTURE, FROM BEING PAID.

Signature

Title

Date