

Phone No. 606/385-3358, 3359, or 3360 Fax No. 606/385-3365

Notification of Business Activity Ceasing  
Within the City Limits of Ashland, KY

Business Name: \_\_\_\_\_  
Business License Number: \_\_\_\_\_  
Reason for Closure Request: \_\_\_\_\_  
Date Business Ceased: \_\_\_\_\_

Forwarding Address Information

Current Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

New Owner Information

New Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

I certify that all business activity has ceased within the City limits of Ashland, KY as of the date above. It is understood that the closing of this account shall in no way relieve the owner(s) of this business from any license fees due the City currently, or in the future, from being paid.

\_\_\_\_\_  
Signature Title Date

For Internal Use Only

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