

Phone No. 606/327-2013, 2014, or 2023 Fax No. 606/324-0978

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