



City of Little Rock
 Treasury Division
 500 W Markham
 Room 100
 Little Rock, AR 72201

Phone: 501-371-4568 Fax: 501-371-4569
 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 #:
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Business Physical Address:

Number	Street	Unit/Suite #	City	State	Zip
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Contact Phone:	Email:
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Mailing Address:

Number	Street	Unit/Suite #	City	State	Zip
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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.

<input type="checkbox"/> Business entity dissolved, business no longer exists	<input type="checkbox"/> Owner is deceased		
<input type="checkbox"/> Business moved outside of Little Rock city limits	<input type="checkbox"/> Business sold; <i>Please provide new owner details below:</i>		
<input type="checkbox"/> Other, <i>Please provide details in the area below:</i>	<table border="1"> <tr> <td>New owner's name:</td> <td>New owner's phone:</td> </tr> </table>	New owner's name:	New owner's phone:
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