

# CITY OF CORBIN, KENTUCKY

P.O. BOX 1343, CORBIN, KY 40702

(606) 523-6508 Ext 1

(606) 523-6500 (Fax)

robin.mahan@corbin-ky.gov

## REQUEST TO **CLOSE** OCCUPATIONAL LICENSE ACCOUNT

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

Physical Address: \_\_\_\_\_

License Fee Account #: \_\_\_\_\_ Date **ALL** Business

FEIN #: \_\_\_\_\_ Activity Ceased: \_\_\_\_\_

Reason for Closure Request: (business sold, closed, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**I certify that all business activity has ceased within the city limits of Corbin, as of the date above. I understand that the closing of this account shall in no way relieve the owners of this business from any Occupational License Fees due the city currently, or in the future, from being paid.**

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date