

CITY OF CORBIN, KENTUCKY

P.O. BOX 1343, CORBIN, KY 40702

(606) 523-6508 Ext 1

(606) 523-6500 (Fax)

REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

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