

City of Richmond
Finance Department
P.O. Box 1268
239 W. Main Street
Richmond, KY 40476-1268
859-623-1000
859-624-2753 (FAX)



REQUEST TO CLOSE

CITY OF RICHMOND BUSINESS LICENSE ACCOUNT

Business Name: _____

City Account #: _____ Date All Business Activity Ceased: _____

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

Current Owner's Forwarding Address: _____

Phone Number: _____

**If business is under new ownership, please provide new owner information below:

Phone Number: _____

I certify that all business activity has ceased within the city limits of Richmond, Kentucky as of the date above. I understand that the closing of this account in no way relieve the owners of this business from any Occupational License Tax or Net Profit Tax due the City of Richmond currently, or in the future, from being paid.

Signature

Title

Date