



REQUEST FOR BUSINESS LICENSE TERMINATION

Business License No.			
Business Name:			
Address:			
City:		State:	Zip:
Telephone Number:			

Terminated Account Due To: (circle one)	Closed Business/ No Longer Providing Services in Madera	Business Never Started	Change in Ownership	Relocated Out of Area	No Longer Own Rental
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Effective Date	
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New Owner's Name:			
Address:			
City:		State:	Zip:
Telephone Number:			

Owner's Name: (Person Completing this Form)	Phone:
Address:	Date:
Signature	

***PLEASE NOTE: Future requests for a City business license requires a
new application and approval***

OFFICE USE ONLY

Credit Memo Mill / Fee \$ _____ Approved By: _____

***City of Madera
Finance Department
205 W 4th St
Madera Ca 93637***

***Tel. 559-661-5408
Fax 559-675-7067***