



BUSINESS—CLOSURE/CHANGE OF OWNERSHIP

Please check: ☐ Business Closure ☐ Change of Ownership

Please be advised that effective _____, I am no longer operating the business known as:

Business Name: _____

Street Address: _____

Phone Number: _____

If Change of Ownership, please complete

The new operator / name is: _____

Business Name: _____

Street Address: _____

Phone Number: _____

Signature

Witness

Date

For Office Use Only

Roll # _____

Customer ID # _____

PID # _____

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