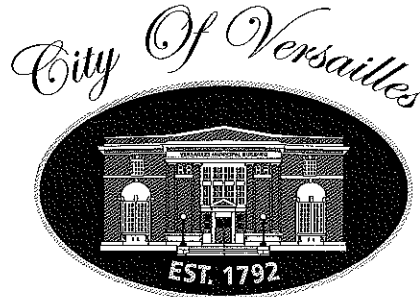


City of Versailles  
Tax Department  
P.O. Box 625  
196 S. Main Street  
Versailles, KY 40383  
859-873-5184  
859-873-5969 (FAX)



"A Renaissance Kentucky City"

**REQUEST TO CLOSE**

**CITY OF VERSAILLES 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 Versailles, 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 to the City of Versailles currently, or in the future, from being paid.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date