



City Clerk and Treasurer
 City Hall
 300 Main Street
 North Little Rock, AR 72114
 Phone: 501-975-8617
 Fax: 501-975-8769
 CityClerkOffice@nlr.ar.gov

BUSINESS CLOSURE FORM	Office use only	
	Acc#	Date:
	Staff Signature:	

All business/privilege licenses expire on December 31 of each year. If submitting a statement of closure after a new licensing period begins on January 1st of each year, you may be responsible for any outstanding charges on your account.

BUSINESS ENTITY INFORMATION *(All fields required)*

Legal Business Name / DBA: _____

Physical Address of Business:

Number	Street	Unit/Suite #	City	State	Zip
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Contact Phone #: _____ Email: _____

Mailing Address:

Number	Street	Unit/Suite #	City	State	Zip
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CLOSURE DETAILS

Enter the date the business last operated in North Little Rock: (MM/DD/YY) _____

Please check the reason for closure of the business and add details as needed:

Business entity dissolved, business no longer exists Owner is deceased

Business moved outside North Little Rock City Limits

Business sold; *please provide new owner details:*
 New owner name: _____ Telephone # _____

Other: _____

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true, correct and complete statement made in good faith.

Printed Name	Signature	Date