



**City Clerk and Treasurer**  
 City Hall  
 300 Main Street  
 North Little Rock, AR 72114  
 Phone: 501-975-8617  
 Fax: 501-975-8769

<b>BUSINESS CLOSURE FORM</b>	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
Contact Phone #:	Email:				

Mailing Address:

Number	Street	Unit/Suite #	City	State	Zip
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**CLOSURE DETAILS**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**ACKNOWLEDGEMENT AND CONFIRMATION**

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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 \_\_\_\_\_