



BUSINESS LICENSE CANCELLATION FORM

Submit Complete Form: 520 J STREET, LOS BANOS, CA 93635

Contact us by EMAIL: businesslicenses@losbanos.org PHONE: (209) 827-7000 ext. 2431

Please Note: Business Owner(s) must provide copy of government-issued Identification to cancel the Business License. If General Partnership, all partners must sign this form to cancel.

BUSINESS LICENSE INFORMATION

Business License No.: _____

Business Name: _____

Business Location: _____

Phone Number: _____

CANCELLATION INFORMATION

Please mark the box next to the reason for closure of the Business License and add details as needed.

- Business has ceased operations in Los Banos
- Business sold* - *please provide new owner information below:*
New Owner's Name: _____
New Owner's Address: _____
New Owner's Phone Number: _____

*Business License is not transferrable – a new business owner must obtain a new Business License.

- Business moved out of Los Banos - *please provide new address below:*
New Business Address: _____
- Business Owner is deceased
Date of death: _____
- Business entity dissolved/business no longer exists.
Date of dissolution: _____
- Other - *please provide details below:*

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.

Primary Business Owner's Signature Print Name Date

Secondary Business Owner's Signature Print Name Date