City of Los Banos
At the Crossroads of California

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. 2499

Please Note: If Sole Proprietorship or General Partnerhip, 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 the Business License.

BUSINESS LICENSE INFORMATION

Business License No.: _____ Federal Tax ID: _____

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 requested.

☐ Business has ceased operations in Los Banos city limits

☐ Business sold* – *please provide new business owner's information below.*

New Business Owner's Name: _____

New Business Owner's Address: _____

New Business Owner's Phone Number: _____

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

☐ Business moved to another location within Los Banos city limits*****

New Business Address: _____

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

☐ Business moved out of Los Banos and is no longer conducting business within the city limits.

New Business Address: _____

☐ Business Owner is deceased – please provide copy of death certificate.

Date of death: _____

☐ Business entity dissolved.

Date of dissolution: _____

☐ Other - please provide details below.

_____

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and belief and acknowledge that this form is signed under the penalty of perjury.

_____	_____	_____
Primary Business Owner's Signature	Print Name	Date
_____	_____	_____
Secondary Business Owner's Signature	Print Name	Date