

CITY OF BEREA
REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

212 CHESTNUT STREET ♦ BEREA, KY 40403 ♦ PHONE: 859-986-7218

Legal Business Name _____

DBA _____

Social Security or Federal tax ID Number: _____

Date All Business Activity Ceased In City: _____

Reason for Closure Request: _____

Current Owner's Forwarding Address

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

New Owner's Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

I certify that all business activity has ceased within the city limits of Berea, Kentucky as of the date above. It is understood that the closing of this account shall in no way relieve the owners of this business from any occupational license fees due the city currently, or in the future, from being paid.

Authorized Signature: _____ Title: _____ Date: _____

PLEASE MAIL OR FAX TO:
CITY OF BEREA
FINANCE DEPARTMENT
212 CHESTNUT STREET
BEREA, KY 40403
FAX: (859) 986-7616
CITY OF BEREA, KENTUCKY
(859) 985-5869 - www.bereaky.gov