

Account Closure Request

Business Name	Certificate #
Please provide the business	s address you would like to close.
If you have a consolidated a	account with multiple locations, please list all close in the additional information section below.
Business Address	
No Longer in Business	
Moved within City of Sa	inta Clara (New Business Tax Affidavit attached)
No Longer Conducting	Business within the City of Santa Clara
Business has been solo	d on (Date)
Ownership Change (Ne	w Business Tax Affidavit attached)
Additional Information:	
1	declare under penalty of perium, that the
above is true and correct.	, declare under penalty of perjury that the
above is true and correct.	
Signature	Name
SSN/Federal Tax ID #	

Note: This information may be shared with other government agencies.