



Stockton Fire Department ● Fire Prevention Division  
345 N. El Dorado St, Stockton, CA 95202  
(209) 937-8271 ● Fax (209) 937-7087

## DECLARATION OF CLOSURE

### ALL INFORMATION SUBJECT TO VERIFICATION

Business Name \_\_\_\_\_  
Business Owner \_\_\_\_\_  
Business Address \_\_\_\_\_ Suite \_\_\_\_\_ Zip \_\_\_\_\_  
Business Mailing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_  
Type of Business \_\_\_\_\_

### YOU MUST COMPLETE EACH SECTION BELOW IF NOT APPLICABLE, PLEASE NOTE "N/A"

**BUSINESS CLOSED** Date: \_\_\_\_\_

**BUSINESS SOLD** Date: \_\_\_\_\_ SOLD TO: \_\_\_\_\_

**BUSINESS MOVED** Date: \_\_\_\_\_

New Location: \_\_\_\_\_  
Address City State zip

**OTHER, PLEASE EXPLAIN:** \_\_\_\_\_

### ALL APPLICANTS - READ AND SIGN

I, the undersigned attest under penalty of perjury that the following information is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Owner  Representative

**FOR OFFICE USE:**

Customer # \_\_\_\_\_

Date Inspected \_\_\_\_\_ Date Invoiced \_\_\_\_\_ Outstanding charges  Yes  No