

TAX ACCT. # _____
CONTROL # _____



CITY OF STOCKTON
ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION—BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201
Phone (209) 937-8313 Fax (209) 937-7184
www.stocktonca.gov

Declaration of Closure of Business In The City of Stockton

I, _____ hereby declare as follows
Print Owner's Full Name

Business Name (DBA) _____

Located at: _____
Business Address, City, State, and Zip Code

The business activity was: _____

The final business date operating in the City of Stockton _____
Month / Day / Year

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

Owner or Authorized Agent Signature Title Date Signed

Home Address, City, State, and Zip Code

Mailing Address, City, State, and Zip Code, (If Different Than Above)

(_____) _____
Phone Number

BELOW THIS LINE FOR OFFICE USE ONLY

Signature of Staff Person Inactivating Business License Date

Revenue Supervisor Signature Date