

COUNTY OF BOYLE, KY  
REQUEST TO CLOSE  
BUSINESS ACCOUNT

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

CITY BUSINESS LICENSE ACCOUNT NUMBER: \_\_\_\_\_

COUNTY TAX ACCOUNT NUMBER: \_\_\_\_\_

REASON FOR CLOSURE REQUEST: \_\_\_\_\_

DATE BUSINESS ACTIVITY CEASED IN THE CITY:  
\_\_\_\_\_

Owners Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*If business is under new ownership please provide information below:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I certify that all business activity has ceased 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 to the city currently, or in the future, from being paid.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

County of Boyle  
Attn: Tax Administrator  
321 West Main Street, Room 117  
Danville, KY 40422

Phone: 859-238-1115  
Fax: 859-238-1108