



CITY OF ALBANY  
FINANCE DEPARTMENT  
1000 SAN PABLO AVENUE  
ALBANY, CA 94706

## REQUEST TO CEASE BUSINESS LICENSE

REQUEST DATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

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

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS ACCOUNT NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

CLOSED EFFECTIVE: \_\_\_\_\_

REASON: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_