**BUSINESS CLOSURE OR CHANGE OF OWNERSHIP**

Business Account #

Business Name:

Owners Name:

 Phone # Email:

[ ]  Business Closed

 Date: [ ]  Retired [ ]  Deceased [ ]  Lack of Business [ ]  Other

[ ]  Business Sold

 Date: [ ]  Land/Building [ ]  Equipment

New Owner(s) Name:

 Phone #: Email:

I, , declare under penalty of perjury, that I am no longer conducting the above mentioned business in the unincorporated area of El Dorado County.

|  |
| --- |
|  |

 Print Name

|  |  |
| --- | --- |
|  |  |

 Signature Date

Any questions regarding this matter, please contact the Tax Collector’s Office at (530) 621-5800.

Tax Collector’s Office Use Only

Prime Updated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ cc: Assessor’s Office Date: \_\_\_\_\_\_\_\_\_\_\_\_

 Print Name & Initial