**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