



20\_\_ Close of Business Notice / Relocation Application  
YEAR

FOR OFFICE USE ONLY:  
Revenue Clerk: \_\_\_\_\_  
(initial/date)

License Number: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

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

(Required)

Email: \_\_\_\_\_

(Required)

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

Date Business Closed or Relocated from Town of Herndon: \_\_\_\_\_

Was the business sold? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, do you have the contact information for the new owner? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**New Owner Information:**

Business/Owner's Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_