



CITY OF TRUSSVILLE, ALABAMA

REVENUE DIVISION

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Trussville, Alabama 35173
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Request to Close Business License Account

Please complete the following information:

Account Information

Account Number: _____

Business Name: _____

Owner's Name: _____

Doing Business As: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Organization Type (Choose One):

Corporation Limited Liability Company (LLC) Professional Association
 Partnership Sole Proprietorship Other (please explain) _____

FEIN/SS#: _____ Business Phone _____

Closing Information:

Date of Closing: _____ Final Gross Receipts: _____

Reason for closing: _____

New owners' contact info (If Business Has Been Sold):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Print Name: _____

Date: _____ Phone: _____

Email Address: _____