

CITY OF FRANKLIN, KENTUCKY

**REQUEST TO CLOSE OCCUPATIONAL
LICENSE ACCOUNT AND
NOTIFICATION OF BUSINESS ACTIVITY
CEASING WITHIN
THE CITY LIMITS OF FRANKLIN, KY**

BUSINESS NAME: _____

CITY ACCOUNT NUMBER: _____

REASON FOR CLOSURE REQUEST: _____

DATE ALL BUSINESS ACTIVITY
CEASED IN CITY LIMITS: _____

ADDRESSES

CURRENT OWNERS FORWARDING
ADDRESS

PHONE: _____

*IF BUSINESS UNDER NEW OWNERSHIP PLEASE
PROVIDE INFORMATION BELOW

NAME: _____

PHONE: _____

**I CERTIFY THAT ALL BUSINESS ACTIVITY HAS CEASED WITHIN THE
CITY LIMITS OF FRANKLIN, KENTUCKY AS OF THE DATE LISTED
ABOVE. IT IS UNDERSTOOD THAT THE CLOSING OF THIS ACCOUNT
SHALL IN NO WAY RELIEVE THE OWNERS OF THIS BUSINESS FROM
ANY OCCUPATION LICENSE FEES DUE TO THE CITY; CURRENTLY, OR
IN THE FUTURE, FROM BEING PAID.**

SIGNATURE

TITLE

DATE

PLEASE MAIL OR FAX TO: ATTN: MANDY CASSADY
PO BOX 2805
FRANKLIN, KY 42135
(270)586-9419 FAX