

**CITY OF FRANKLIN, KENTUCKY  
REQUEST TO CLOSE OCCUPATIONAL  
LICENSE ACCOUNT AND/OR  
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:** \_\_\_\_\_

**CURRENT OWNERS FORWARDING  
ADDRESS:**

**\*IF BUSINESS UNDER NEW  
OWNERSHIP PLEASE  
PROVIDE INFORMATION BELOW**

\_\_\_\_\_

**NAME:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**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, EMAIL OR FAX TO:**

**CITY OF FRANKLIN  
ATTN: DANIEL REETZKE  
PO BOX 2805  
FRANKLIN, KY 42135  
(270) 586-9419 FAX  
[daniel.reetzke@franklinky.org](mailto:daniel.reetzke@franklinky.org)**