

CITY OF CORBIN, KENTUCKY

P.O. BOX 1343, CORBIN, KY 40702

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REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

Business Name: _____

License Fee Account #: _____

Date **ALL** Business

FEIN #: _____

Activity Ceased: _____

Reason for Closure Request: (business sold, closed, etc.)

Current Owner's Forwarding Address: _____

Phone Number: _____

E-Mail Address: _____

I certify that all business activity has ceased within the city limits of Corbin, Kentucky-Knox County portion as of the date above. I understand that the closing of this account shall in no way relieve the owners of this business from any Occupational License Fees due the city currently, or in the future, from being paid.

Name Printed

Signature

Title

Date