



# DECLARATION OF CLOSED BUSINESS / NO BUSINESS

Account Number: \_\_\_\_\_ (If Applicable)

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

Owner's Name: \_\_\_\_\_

Physical Address of Former Business: \_\_\_\_\_  
(If Applicable) \_\_\_\_\_

If you were in business, was the equipment sold?  Yes  No

If yes, please list below the name, address and telephone number of individual who purchased the equipment.

_____	_____
Name	Telephone Number
_____	
Address	
_____	
City, State, Zip Code	

Please list below the equipment or items sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am the former owner of the business listed above and I certify that the business closed on \_\_\_\_\_, or I do not operate a business in Hardee County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number