



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.

_____	_____
BUY	Address
_____	_____
Address	_____
_____	_____
7]mz GhUy`N]d`7cXY	
D`YUgY`ghVY`ck`h`Y`Yei`]da`Ybhcf`]hYa`g`gc`X.	
_____	_____
_____	_____
_____	_____

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