



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.

_____	_____
Buyer	Address
_____	_____
Address	

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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