



P. O. Box 278  
Glasgow, KY 42142

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REQUEST TO CLOSE  
OCCUPATIONAL LICENSE ACCOUNT

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

City Account #: \_\_\_\_\_ Date all Business Activity Ceased: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Current Owner's Forwarding Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If business is under new ownership, please provide new owner information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

I certify that all business activity has ceased within the city limits of Glasgow, Kentucky 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date