



City of Little Rock
 Treasury Division
 500 W Markham
 Room 100
 Little Rock, AR 72201

Phone: 501-371-4568 Fax: 501-371-4569

BUSINESS CLOSURE FORM

Official use Only

BL#

Date Stamp

All business licenses expire on December 31st of each year. If submitting a statement of closure after a new licensing period begins on January 1st of each year, you may be responsible for any outstanding charges on your account.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name/DBA

Business License #:

Business Physical Address:

Number Street Unit/Suite # City State Zip

Contact Phone:

Email:

Mailing Address:

Number Street Unit/Suite # City State Zip

CLOSURE DETAILS

Enter the date the business last operated in Little Rock:

Month

Day

Year

Please check the box next to the reason for closure of the business and add details as needed.

Business entity dissolved, business no longer exists

Owner is deceased

Business moved outside of Little Rock city limits

Business sold; *Please provide new owner details below:*

Other, *Please provide details in the area below:*

New owner's name:

New owner's phone:

ACKNOWLEDGEMENT AND CONFIRMATION

I declare under penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true, correct and complete statement made in good faith.

Printed Name

Signature

Date