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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