

Anthony L Wilson Jr, Tax Administrator

P.O. Box 247, Munfordville, KY 42765 (270) 524-3507 (270) 524-9732 FAX

Email: Anthony.Wilson@hartcountyky.gov

CLOSE OCCUPATIONAL LICENSE ACCOUNT AND NOTIFICATION OF CEASING BUSINESS ACTIVITY WITHIN THE COUNTY

Business Nan	ne:				
County Account Number:		Date Business Ceased in County:			
Reason For (Closure: (Busines	s Sold, Change Locati	on, Permanent Closure, Tra	nnsfer Ownership)	
ADDRESS: (C	URRENT OWNER	R'S FORWARDING)			
Name:			Phone Number:		
Address:					
	(Street)	(City)	(State)	(Zip)	
IF BUSINES	SS IS UNDER NE	W OWNERSHIP: (NEV	V OWNER'S ADDRESS)		
Name:			Phone Numbe	Phone Number:	
Address:					
	(Street)	(City)	(State)	(Zip)	
IT IS UNDER THIS BUSINE	STOOD THAT THE	CLOSING OF THIS ACC CUPATIONAL LICENSE F	D WITHIN HART COUNTY, KY OUNT SHALL IN NO WAY REI EES DUE TO THE COUNTY CI	LIEVE THE OWNERS OF	
RESPONSIBI					
TITLE					
DATE					
IF QUESTION	S ARISE, CONTACT	(Name)	AT (email / phone)		