



NOTICE OF BUSINESS CLOSURE

Type or print clearly, incomplete forms will not be processed.
Drop off the completed form or submit to: environmentalhealth@snhd.org

I _____, the owner officer authorized party*
Name

of _____ for _____
Business/Corporation Name Facility Name

located at _____
Address City Zip Code

request the deletion of the following permit(s): *(Please attach form if additional space is needed)*

Permit # (PRXXXXXXX)	Permit Name	Permit # (PRXXXXXXX)	Permit Name
1.		4.	
2.		5.	
3.		6.	

This business has:

Closed as of: _____
Date

Sold to: _____
New Owner Name Phone Email

All outstanding permit fees must be paid prior to permit deletion.

Signed

Title

Phone Email

Date

*Please note: An individual acting on behalf of the company as an authorized party must provide a letter of authorization on company letterhead or a notarized letter signed by an owner/officer at the time of submission of this notice.

