



CITY OF HAZARD, KENTUCKY

P.O. Box 420, Hazard, KY 41702

Phone: 606-436-3171

Fax: 606-436-3252

tiffany.keith@hazardky.gov

REQUEST TO CLOSE OCCUPATIONAL LICENSE ACCOUNT

Business Name: _____

License Fee Account #: _____ Date ALL Business Activity Ceased: _____

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

Address: (Current Owner's Forwarding)

Name: _____ Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip)

Is Business Under New Ownership: Yes No

If Yes, New Owner's New Address:

Name: _____ Phone: (____) _____

Address: _____
(Street) (City) (State) (Zip)

I certify that all business activity has ceased within the city limits of Hazard, 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 currently due the city, or in the future, from being paid.

Name Printed

Signature

Title

Date

PLEASE MAIL OR E-MAIL TO:

CITY OF HAZARD, KY
ATTN.: TIFFANY KEITH, TAX ADMINISTRATOR
P.O. BOX 420
HAZARD, KY 41702

TIFFANY.KEITH@HAZARDKY.GOV