

CLOSE OF BUSINESS FORM

DATE _____

ACCOUNT# T _____

OWNER NAME (CORP/LLC/ETC): _____

BUSINESS NAME (DBA): _____

LOCATED AT: _____, NEWPORT, RI

(PLEASE CHOOSE ONE OF THE FOLLOWING:)

1) _____ HAS CEASED DOING BUSINESS ENTIRELY AS OF _____ (DATE)

2) _____ HAS RELOCATED TO _____, RHODE ISLAND
AS OF _____ (DATE)

3.) _____ HAS BEEN SOLD TO A NEW OWNER ON _____ (DATE)

THE NEW OWNER OF RECORD IS: _____

I UNDERSTAND THAT TAXES ARE PAID IN ARREARS. I AM RESPONSIBLE FOR TAXES CURRENTLY ASSESSED, AS WELL AS ANY TAXES ACCRUED UNTIL THIS FORM IS RECEIVED BY THE ASSESSOR'S OFFICE. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE INFORMATION HERE IS TRUTHFUL AND COMPLETE.

PRINT NAME

TITLE

SIGNATURE OF RESPONSIBLE PARTY

DATE

IN _____, IN _____ COUNTY, THIS _____ DAY OF _____ AD 20____

PERSONALLY APPEARED BEFORE ME THE ABOVE SUBSCRIBED _____

AND MADE OATH THAT THE ABOVE STATEMENTS BY _____ ARE TRUE.

LICENSE TYPE(S) _____

NOTARY PUBLIC

TRADE NAME BOOK: _____

TRADE NAME PAGE: _____

MY COMMISSION EXPIRES: _____

CC:

ASSESSOR'S OFFICE

- TAX ASSESSOR (ORIGINAL)
- LICENSING CLERK
- SHORT TERM RENTAL CLERK
- BUSINESS REGISTRATION
- TRADE NAME CLERK