

# 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