



DISSOLUTION OF BUSINESS / MOVE- OUT

Date: _____

Business License No: _____

Business Name: _____

Point of Contact: _____

Telephone Number: _____

If you are no longer in business or are no longer conducting business in Novato, please return the information requested below as follows:

- **By mail to:** City of Novato – Business License section, 922 Machin Avenue, Novato, CA 94945.
- **By FAX to:** (415) 899-8215
- **By email:** SCAN and send this signed document to LMCPECK@novato.org

Please write: **BL DISSOLUTION** on the subject line. If you do not receive an acknowledgement, your e-mail did not go through.

Please write N.A. if it is not applicable to your business.

1. When did you officially dissolve your business or cease conducting business in Novato?

Month/Year

2. When was your final payroll tax return filed with the IRS?

Month/Year

3. When did you file your final return with the State Equalization Board?

Month/Year

4. Signature: _____
Officer/Owner/Partner Print Name