



**CITY OF MADERA**  
**Request For Business License Termination**  
 205 W 4<sup>th</sup> St.  
 Madera, CA 93637  
 (559) 661-5408 fax (559) 675-7067

<b>BL Account No:</b>			
<b>Business Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b>			

<b>Terminated Account Due To: (circle one)</b>	<input type="checkbox"/> Closed Business/ No Longer Providing Services in Madera	<input type="checkbox"/> Business Never Started	<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Relocated Out of Area	<input type="checkbox"/> No Longer Own Rental

<b>Effective Date</b>	
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<b>New Owner's Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Telephone Number:</b>			

<b>Owner's Name: (Person Completing this Form)</b>		<b>Phone:</b>
<b>Address:</b>		<b>Date:</b>
<b>Signature</b>		

**Please Note: Future requests for a City business license requires a new application and approval.**

**OFFICE USE ONLY**

Credit Memo                      Mill / Fee \$ \_\_\_\_\_      Approved By: \_\_\_\_\_