



Occupational License Administrator

P.O. Box 397, Taylorsville, Kentucky 40071

Phone: 502-477-2997

Fax: 502-477-2998/3206

www.spencercountyky.gov

Request to Close Account

Name: _____

Business Name: _____

Address: _____

City, State, Zip _____

Date all business activity ceased in Spencer County, KY: _____

Reason for closure: _____

(sale, discontinuance, dissolution, bankruptcy, formed LLC, incorporated or merger)

If bankruptcy, please provide Court Order & case number: _____

If business has been sold; please provide the new owner's information. NEW OWNER INFORMATION

Name: _____

Mailing Address: _____

City, State, Zip _____

Phone Number: _____

Printed Name: _____ Signed: _____

Official Title: _____ Date: _____

Email: _____ Phone Number: _____

I declare, under penalties of perjury, that I have examined this document and to the best of my knowledge and belief; this is a true and accurate informational statement.