

# Lincoln County Occupational Tax Services

[www.lincolncy.com](http://www.lincolncy.com)

102 East Main Street, Suite 3  
Stanford, KY 40484

(606) 365-4520 phone

(606) 365-4520 fax

## Request to Close Occupational License Account

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

dba: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

(please advise if incorrect)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### For Official Use Only

Date Keyed \_\_\_\_\_

Initial \_\_\_\_\_

New Account Number \_\_\_\_\_

\*\*if forming new entity enter the account number of the new business.

1. Date all business activity ceased in Lincoln County: \_\_\_\_\_

2. Reason for Closure: \_\_\_\_\_

(sale; discontinuance; dissolution; bankruptcy; formed LLC; incorporated from proprietorship or partnership; merger)

3. If bankruptcy, please advise Court Order and Case #

**4. If the business has been sold, please advise the new owner's address:**

New Owner Information:

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone # : \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Official Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

I declare, under the 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.