



Request for Closure of Business Account(s)

Complete this form to request the closure of business accounts with the City of Montgomery.

Please read the attached instructions BEFORE completing and submitting this form.

BUSINESS DETAILS

Business Name _____ Account No. _____

Name of Authorized Individual Requesting Waiver _____

Title of Authorized Individual Requesting Waiver _____

Business Mailing Address _____ Zip _____

Business Physical Address _____ Zip _____

Business Phone Number _____ Alternate Phone _____

Email _____ Date of Request _____

ACCOUNT CLOSURE INFORMATION *(Check the account type, for which the request will apply.)*

- Alcohol Tax
 Beer Tax
 Business License
 Fuel
 Liquor Tax
 Lodging
 Rental Tax
 Sales Tax
 Use Tax
 Wine Tax

Date Business Closed (Month/Day/Year) _____

REASON(S) FOR BUSINESS CLOSURE

- Business was sold or ownership transferred. *(Please note, Chapter 16, § 16-78, Ordinance No. 33-2023 mandates a five-day notification of a change in ownership requirement upon any new owner of a licensed, City of Montgomery business.)*

*Name(s) of new owner/purchaser _____

*Date Business Sold/Transferred _____ Did the FEIN Number Change? YES NO

*Mailing Address of new owner/purchaser _____

*Phone Number of new owner _____ Email of new owner _____

- Natural disaster or accident; retirement/illness that caused the permanent closure of the business *(Attach supporting document)*
- Relocated the business to an area outside of the city limits of Montgomery
- Other *(Attach supporting documentation)*

Reason _____

AUTHORIZED SIGNATURE

I hereby certify with my signature that, to the best of my knowledge, the information contained on this form, and the attached document(s) is true and accurate.

Signature _____ Date _____



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INSTRUCTIONS AND GENERAL INFORMATION

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CLOSURE OF BUSINESS

PART 1. BUSINESS DETAILS- This section of the form identifies the business (or business owner) that is being closed. The “business details” information on the form should correspond with the business (or owner’s) information on the account.

PART 2. ACCOUNT CLOSURE INFORMATION- This section of the form identifies the following:

- Account type(s) to be closed (List all that apply)
- The date the business activities ceased, or will cease

PART 3. REASON(S) FOR BUSINESS CLOSURE- This section of the form (Request for Closure of Business Account) requests that the business owner check the reason(s) for the closure.

Authorized Signature(s)

- Authorized signatures include the signature of the owner(s), or other verifiable authorized representative

Please Note, a copy of the owner’s U.S-government-issued, non-expired I.D. is required to complete your request.

- Requests to Close Business Accounts may be mailed to:

City of Montgomery
c/o License and Revenue
P.O. Box 5070
Montgomery, AL 36013-5070

- Requests to Close Business Accounts may be hand delivered to:

City of Montgomery
c/o License and Revenue, 3rd Floor
25 Washington Avenue
Montgomery, AL 36104