

# BUSINESS CLOSING/BUSINESS SOLD FORM

Complete this form and return it to: Office of the City Clerk, 215 W. Main Street, Northville, Michigan, 48167  
Phone: (248) 349-1300 or FAX: 248-349-9244

Business Name \_\_\_\_\_

Address \_\_\_\_\_, Northville, Michigan, 48167

Business will be (check one)  Closed  Sold

Date business will be sold/closed \_\_\_\_\_

If the business is closing, will you be conducting and advertising a sale to reduce or close out inventory?

Yes  No *if yes, you must apply for a Going Out of Business License as required by State Law*

## CURRENT OWNER INFORMATION

*Please provide contact information on how you may be reached once your business is closed/sold*

Owner Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone Number \_\_\_\_\_

## NEW OWNER INFORMATION (If the business was sold)

New Owner's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

*I hereby affirm that the above information is complete and correct to the best of my knowledge and belief.*

Owner/Seller's Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE USE ONLY:

Received by City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded to: Tax/Assessing \_\_\_\_\_ Water Department \_\_\_\_\_ DDA \_\_\_\_\_