



**APPLICATION**  
**BUSINESS TAX AND LICENSING**  
**Closing Form**

Business #: \_\_\_\_\_

CLOSING

RELOCATING OUTSIDE OF THE TOWN OF LOS GATOS

**INSTRUCTIONS:**

- All questions on this form must be answered or designated not applicable (N/A) where appropriate.
- Additional information may be required pursuant to Los Gatos Town Code, Chapter 14.

**PLEASE PRINT ALL INFORMATION:**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
Number Street City State ZIP

**Owner(s) Name:** \_\_\_\_\_

**Owner(s) Telephone #:** \_\_\_\_\_ **Owner(s) Cellphone #:** \_\_\_\_\_

**Owner(s) Email:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_  
Number Street City State ZIP

**Type of Business (Please be specific):** \_\_\_\_\_

**Closing Date:** \_\_\_\_\_

**New Address:** \_\_\_\_\_  
Number Street City State ZIP

Fill out the following table if you have RETAIL/WHOLESALE/MANUFACTURING/JOBGING/E-COMMERCE Business License

Year	Actual Gross Receipts
2016	
2017	
2018	
2019	
2020	
2021	

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct and if called as witness I could competently testify to the facts contained herein. Executed this \_\_\_\_\_ day of \_\_\_\_\_ (Month), (Year) \_\_\_\_\_ in the Town of Los Gatos, County of Santa Clara, State of California.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_