CLOSURE REQUEST

CITY OF ENGLEWOOD SALES/USE/LODGERS' TAX ACCOUNT

BUSINESS NAME _____

SIX DIGIT CITY OF ENGLEWOOD ACCOUNT NUMBER _____

BUSINESS FEDERAL ID NUMBER _____

CONTACT NAME / TITLE / EMAIL _____

SIGNATURE _____ DATE _____

CLOSURE DATE _____

FINAL TAX FILING PERIOD/ DATE _____

REASON FOR CLOSURE _____

_____

IS THIS BUSINESS LOCATED 'IN' ENGLEWOOD'S JURISDICTION? _____

IF IN ENGLEWOOD'S JURISDICTION WAS THE BUSINESS SOLD? _____

- PLEASE PROVIDE NEW OWNER(S) CONTACT _____

  _____

EMAIL THIS COMPLETED FORM TO REVENUEDIV@ENGLEWOODCO.GOV

SUBMITTAL OF THIS FORM DOES NOT CLEAR YOU OF ANY TAX LIABILITY WITH THE CITY OF ENGLEWOOD.

DO YOU HAVE THE ORIGINAL CITY OF ENGLEWOOD SALES TAX LICENSE? _____

RETURN ORIGINAL CITY OF ENGLEWOOD SALES TAX LICENSE TO:

REVENUE DIVISION, CITY OF ENGLEWOOD, 1000 ENGLEWOOD PKWY, ENGLEWOOD CO 80110

CONTACT CITY OF ENGLEWOOD, REVENUEDIV@ENGLEWOODCO.GOV, IF YOU HAVE QUESTIONS.