City of Lawrenceville, Georgia – Notice of Business Closure

Complete this form and return to the City of Lawrenceville by one of the following methods:

- Mail: Business License, City of Lawrenceville, P.O. Box 2200, Lawrenceville, GA 30046.
- Hand Deliver: City Hall, 70 S. Clayton St, Lawrenceville, GA 30046.

For further business information please call 678-407-6583.

Please print all information completely in ink.

1. Business Name: _____
2. Name of Owner 1: _____
3. Name of Owner 2: _____
4. Business Location and Suite Number: _____
5. Business Phone Number: _____
6. Business Email Address: _____
7. Business Website: _____
8. Business License/Occupational Tax Number: _____
9. Year Business Opened: _____
10. Last Business Date: _____

This statement must be signed by the owner(s) or by an authorized agent for the business.

I/We give notice that the business formerly conducted under the above business name has ceased as of the above listed date.

Owner/Authorized Agent	Signature	Date	Title
Owner/Authorized Agent	Signature	Date	Title

Current Contact Information for Owner/Authorized Agent(s) Listed Above:

Mailing Address: _____
Street Suite #

_____
City State Zip

Contact Phone Number: _____

Contact Email Address: _____