



## City of Pomona Declaration of Business Closure

Please return completed form to the Finance Department - Revenue Division -  
505 South Garey Ave., Pomona, CA 91766 or email to RevDivision@ci.pomona.ca.us

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### Declaration of Closure of Business in the City of Pomona

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\*\*\*Please Type or Print Clearly\*\*\*

Account Number: \_\_\_\_\_ Business License Number: \_\_\_\_\_

#### BUSINESS INFORMATION:

Name of Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Closure: \_\_\_\_\_ Reason: \_\_\_\_\_

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**I HEREBY DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff Use Only:

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_