



# City of Solana Beach

## Business Certificate Closing Form

**Business Number**

**Business Name:**

**Date of Closure or Change:**

**Business Address:**

**Business Email:**

**Business Owner Name:**

**Business Closure Date:**

### **Reason for Business Certificate Closing:**

Address Change

Business Name Change

Ownership Change

Out of Business

Moved out of Solana Beach

Business Type Change

Other: *(Please comment below of reason)*

**Signature:**

**Date:**

*Office Use Only*

**Date Entered into System:**

**Entered By:**

