BUSINESS REGISTRATION CLOSURE FORM

Call (505) 924-3890 for questions.

PLEASE ANSWER ALL QUESTIONS – INCOMPLETED FORM WILL NOT BE PROCESSED

*FACILITY ID NUMBER -

*REQUIRED FIELDS (Please Print)

OWNER INFORMATION

*OWNER NAME:			
*ST#	***STREET NAME**	***STREET TYPE**	***POST DIR**
*CITY		***STATE**	***ZIP**
*PHONE#		**FAX#**	
*STATE TAX ID#	***DATE BUSINESS CLOSED OR WILL BE CLOSING**		

COMPANY NAME (DBA)

BUSINESS (DBA) NAME:		**BUSINESS START DATE:**	
ST#	**STREET NAME**	**STREET TYPE**	**POST DIR**
CITY		**STATE**	**ZIP**
PHONE#		**FAX#**	

*PRINT NAME OF OWNER:

*SIGNATURE OF OWNER:		**DATE**

MAIL TO: **City of Albuquerque Planning Division**
Attn: Business Registration
PO Box 17
Albuquerque, NM 87103