



# 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

[Empty box for Facility ID Number]

**\*OWNER NAME:**

[Empty box for Owner Name]

**\*ST#**                      **\*STREET NAME**                      **\*STREET TYPE**                      **\*POST DIR**

[Empty box for Street Information]

**\*CITY**    **\*STATE**    **\*ZIP**

[Empty box for City, State, and ZIP]

**\*PHONE#**    **FAX#**

[Empty box for Phone and Fax Numbers]

**\*STATE TAX ID#**

**\*DATE BUSINESS CLOSED  
OR WILL BE CLOSING**

COMPANY NAME  
(DBA)

[Empty box for Business (DBA) Name]

**BUSINESS (DBA) NAME:**

**BUSINESS START DATE:**

**ST#**                      **STREET NAME**                      **STREET TYPE**                      **POST DIR**

[Empty box for Street Information]

**CITY**    **STATE**    **ZIP**

[Empty box for City, State, and ZIP]

**PHONE#**    **FAX#**

[Empty box for Phone and Fax Numbers]

[Empty box for Print Name of Owner]

**\*PRINT NAME OF OWNER:**

[Empty box for Signature of Owner]

**\*SIGNATURE OF OWNER:**

**DATE**

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