



CITY OF LEITCHFIELD BUSINESS NOTIFICATION UPDATE

*NAME OF BUSINESS: _____

*FEDERAL TAX ID#: _____

*OWNER/OWNERS: _____

*BUSINESS ADDRESS: _____

*MAILING ADDRESS:
(If different than above) _____

*TELEPHONE NUMBER: _____

EFFECTIVE DATE TO CLOSE ACCOUNT _____

***FORM MUST BE COMPLETELY FILLED OUT BEFORE THE ACCOUNT WILL BE CLOSED. If not submitted a monthly restaurant tax form must be completed to avoid penalties. If the account remains open but there have been no sales, a monthly return form must be submitted showing zero sales.**

By my signature below, I certify that the information provided herein is true and accurate to the best of my knowledge. I hereby affirm that I will determine and comply with all applicable requirements for the City of Leitchfield.

Signature of Applicant

Date

Remit to: City of Leitchfield

P.O. Box 398
Leitchfield, Kentucky 42755-0398

Phone: 270.259.4034
Fax: 270.259.5858