



CITY OF EASTVALE

CITY OF EASTVALE NO LONGER CONDUCTING BUSINESS NOTICE

Date Received, For Official Use Only

Business Information:

Business Name (dba): _____

Corporate/LLC Name (if applicable): _____

Business Address: _____

City State Zip Code

Mailing Address: _____

City State Zip Code

Email Address: _____

Business Phone Number: _____

· OFFICIAL USE ONLY ·
Date Entered: _____
BUS: _____

I, _____, verify that as of _____, _____
Business Owner's Name Date Business Name
 is no longer conducting business within the City of Eastvale. I understand that by closing my Business Registration, I will be required to pay the new business registration fee if I conduct business at a future date within the City.

Signature

Date