



BUSINESS CLOSURE FORM

Should your business no longer be operating, please complete this form.

Once completed, please email or mail to our office.

Town of Castle Rock
Sales Tax Division
100 N. Wilcox St.
Castle Rock, CO 80104

Phone: 303-660-1015
Email: towntax@crgov.com

Business Name: _____

License #: _____

Date of Closure: _____

By signing this document, I give the Business License Department authority to review my account. Should there be an outstanding balance, that balance will be discussed with the undersigned prior to inactivating the above noted business.

Signature of Owner: _____ Date: _____

Forwarding Address: _____

Contact Phone Number: _____

Was there a change in ownership? Yes No

If yes, new owner's name: _____

Address: _____

Business phone #: _____