



CITY OF HOT SPRINGS
517 AIRPORT RD, ROOM 12
PO BOX 6300
HOT SPRINGS AR 71902
PH 501-321-6826
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AFFIDAVIT

NOTICE OF BUSINESS CLOSURE OR SALE OF BUSINESS

SECTION I - ACCOUNT INFORMATION

NAME: _____ PERMIT NUMBER: _____
ADDRESS: _____ FEDERAL ID #: _____
CITY, STATE: _____ ZIP: _____ PHONE: _____

SECTION II - CLOSURE INFORMATION

DATE OF CLOSURE: _____
ARE YOU STILL OPERATING A BUSINESS INSIDE THE CITY LIMITS? YES ___ NO ___
IF YES, FURNISH PERMIT # AND LOCATION: _____

SECTION III - TERMS OF SALE

WAS THE BUSINESS SOLD? YES ___ NO ___
IF YES, COMPLETE THE FOLLOWING INFORMATION:
DATE BUSINESS SOLD: _____
NAME & ADDRESS OF PURCHASER: _____

SIGNATURE OF OWNER

MAILING ADDRESS

DATE

DAYTIME PHONE NUMBER