



City of Shively
3920 Dixie Hwy
Shively, KY. 40216
Ph# 502-449-5000
Fx# 502-449-5004

REQUEST TO CLOSE CITY OF SHIVELY BUSINESS LICENSE ACCOUNT

Business Name: _____

City Account#: _____ Date All Business Activity Ceased: _____

Reason for Closure (business sold, Closed, etc)

Current Owners Forwarding Address: _____

Phone Number: _____ Email: _____

If business is under new ownership, please provide new owner information below:

Address _____ Phone Number: _____

I certify that all business activity has ceased within the city limits of Shively, Kentucky as of the date above. I understand that the closing of this account in no way relieve the owners of this business from any Occupational License Tax or Net Profit Tax due the city of Shively currently, or in the future, from being paid.

Signature

Title

Date

Robin Kraig / Tax Collector
Email: taxoffice@shivelyky.gov