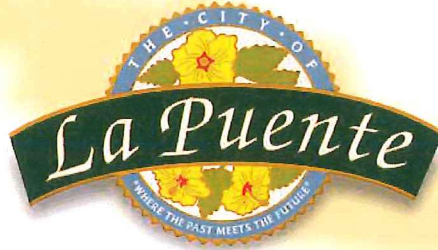


City of La Puente



15900 Main Street La Puente CA 91744
Phone # (626) 855-1500 Fax # (626) 961-4626

BUSINESS LICENSE TERMINATION FORM

CURRENT DATE: _____

BUSINESS LICENSE # _____

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

CANCEL DATE/EFFECTIVE: _____

BUSINESS OWNER SIGNATURE: _____

PRINT NAME: _____

For PARTNERSHIP status, both signatures are required to close the business.

BUSINESS OWNER SIGNATURE: _____

If applicable, please list below the new business owner/s.

BUSINESS NAME: _____

BUSINESS OWNER: _____

We appreciate the time invested with conducting your business in the City of La Puente
And we wish you the very best in all future endeavors.