



City of Capitola BUSINESS LICENSE DISCONTINUANCE

This form officially notifies the City that you are no longer conducting business in the City of Capitola.

Business Information

Business License Number: _____

Business Name (D.B.A.): _____

Owner Name: _____

Reason for Discontinuance

Date business ceased operation in Capitola: _____

Reason (please select one):

- Business Closed
- Business no longer operating in Capitola
- Business sold or transferred

Authorization

Under penalty of perjury, I declare that the above information is true and correct and certify that I am the authorized representative of this business to execute this document.

Signature: _____ Date: _____

Name of Authorized Agent: _____

Title: _____

E-mail: _____