



**CITY OF LONG BEACH**  
 DEPARTMENT OF FINANCIAL MANAGEMENT  
 BUSINESS SERVICES BUREAU  
 BUSINESS LICENSE DIVISION

411 W. Ocean Boulevard, 2nd Floor • Long Beach, CA 90802 • (562) 570-6211 FAX (562) 499-1097

## Out of Business Notification Form

**Please complete this form if by the following definitions you are no longer operating a business in The City of Long Beach:**

**3.80.133 - Business.**

As used in this chapter, "business" means all activities engaged in or caused to be engaged in within Long Beach, including any commercial or industrial enterprise, trade, profession, occupation, vocation, calling, or livelihood, including rental or lease of residential or nonresidential real estate and mobile-home parks, or independent contractors, whether or not carried on for gain or profit, but shall not include the services rendered by an employee to his employer.

**3.80.210 - License and tax payment required.**

There are hereby imposed upon the businesses, trades, professions, callings and occupations specified in this chapter license taxes in the amounts hereinafter prescribed. It shall be unlawful for any person to transact and carry on any business, trade, profession, calling or occupation in the city without first having procured a license from said city to do so and paying the tax hereinafter prescribed and without complying with any and all applicable provisions of this code, and every person conducting any such business in the city shall be required to obtain a business license hereunder.

**3.80.425.1 - Evidence of doing business.**

Whenever any person shall, by use of signs, circulars, cards or any other advertising media, including the use of telephone solicitation, hold himself out as, or represent that he is, doing business in the city, then these facts may be used as evidence that such person is doing business in the city.

I, \_\_\_\_\_, hereby certify that I am **NOT** doing business within the City of Long Beach.  
(Print Full Name)

Business Name	Business Address	Business License Account Number	Date Business Closed
		BU	

Select Reason for Closure:	
<input type="checkbox"/>	Ceased all business activity – no longer conduct any business activity
<input type="checkbox"/>	Sold business
<input type="checkbox"/>	Sold real property
<input type="checkbox"/>	Changed Ownership i.e. tax entity/incorporated
<input type="checkbox"/>	Other - Specify

I declare, under penalty of perjury, that I am authorized to complete this application. To the best of my knowledge and belief, the provided information and statements are true and correct.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY			
DATE RECEIVED: _____	ADDITIONAL INVESTIGATION REQUIRED? <b>Y</b> <b>N</b>		
INVESTIGATION COMPLETED? <b>Y</b> <b>N</b>	FILE CLOSED ON: _____	INITIALS: _____	