TOWN OF LOS GATOS
Finance Department
Business License Tax Division
P.O. Box 697, Los Gatos, CA 95031
Phone: 408-354-6835 | Fax: 408-354-7593
Email: businesslicense@losgatosca.gov

APPLICATION

BUSINESS TAX AND LICENSING
Closing Form

Business #: _____

☐ **CLOSING**
☐ **RELOCATING OUTSIDE OF THE TOWN OF LOS GATOS**

INSTRUCTIONS:

- All questions on this form must be answered or designated not applicable (N/A) where appropriate.
- Additional information may be required pursuant to Los Gatos Town Code, Chapter 14.

PLEASE PRINT ALL INFORMATION:

Business Name: _____

Business Address: _____
Number Street City State ZIP

Owner(s) Name: _____

Owner(s) Telephone #: _____ **Owner(s) Cellphone #:** _____

Owner(s) Email: _____

Owner Address: _____
Number Street City State ZIP

Type of Business (Please be specific): _____

Closing Date: _____

New Address: _____
Number Street City State ZIP

Fill out the following table if you have RETAIL/WHOLSALE/MANUFACTURING/JOBBING/E-COMMERCE Business License

Year	Actual Gross Receipts
2015	
2016	
2017	
2018	
2019	

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct and if called as witness I could competently testify to the facts contained herein. Executed this _____ day of _____ (Month), (Year) _____ in the Town of Los Gatos, County of Santa Clara, State of California.

SIGNATURE: _____ **TITLE:** _____