



THE CITY OF
NOVATO
CALIFORNIA

922 Machin Avenue

Novato, CA 94945

(415) 899-8900

Fax: (415) 899-8213

www.novato.org

Dissolution of Business / Move-Out

Date: _____

Business License #: _____

Point of Contact: _____

Telephone Number: _____

If you are no longer in business or are no longer conducting business in Novato, please return the information requested below as follows:

- **By mail to:** City of Novato – Business License section
922 Machin Ave
Novato, CA 94945
- **By Fax to:** (415) 899-8215
- **By Email:** SCAN and send this signed document to LMCPECK@NOVATO.ORG

Please write: **BL Dissolution** on the subject line. If you do not receive an acknowledgement, your e-mail did not go through.

Please write **N/A** if it is not applicable to your business:

1. When did you officially dissolve your business or cease conducting business in Novato?

_____/_____
Month/Year

2. When was your final payroll tax return filed with the IRS?

_____/_____
Month/Year

3. When did you file your final return with the State Equalization Board?

_____/_____
Month/Year

Signature: _____ Print: _____
Officer / Owner / Partner Name