



CITY OF HOT SPRINGS  
517 AIRPORT RD, STE C  
PO BOX 6300  
HOT SPRINGS AR 71902  
PH 501-321-6826  
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# AFFIDAVIT

## NOTICE OF BUSINESS CLOSURE OR SALE OF BUSINESS

### SECTION I - ACCOUNT INFORMATION

NAME: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

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### SECTION II - TERMS OF SALE

WAS THE BUSINESS SOLD? YES \_\_\_ NO \_\_\_  
IF YES, COMPLETE THE FOLLOWING INFORMATION:

DATE BUSINESS SOLD: \_\_\_\_\_

NAME & ADDRESS OF PURCHASER:

\_\_\_\_\_  
\_\_\_\_\_

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### SECTION III - CLOSURE INFORMATION

DATE OF CLOSURE: \_\_\_\_\_

ARE YOU STILL OPERATING A BUSINESS INSIDE THE CITY LIMITS? YES \_\_\_ NO \_\_\_

IF YES, FURNISH PERMIT # AND LOCATION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
DAYTIME PHONE NUMBER