



BUSINESS LICENSE

DISCONTINUING BUSINESS NOTIFICATION

Mail: P O Box 8995, Vancouver, WA 98668-8995
Drop Off: 415 W. 6th St., Vancouver, WA 98660
Fax: (360) 487-8483
Email: business.licenses@ci.vancouver.wa.us

Questions: www.cityofvancouver.us/businesslicense or (360) 487-8410 ext 3

Note: Notification of the discontinuation of a business is required to stop City Business License renewal invoicing.

Please print clearly and complete required sections; then sign and return form by mail, drop-off, fax, or email as shown above. Asterisked sections must be completed.

CITY BUSINESS LICENSE CUSTOMER (ACCOUNT) NO* _____ EFFECTIVE DATE OF BUSINESS DISCONTINUATION* _____
MONTH DAY YEAR

BUSINESS NAME* _____

DOING BUSINESS AS (DBA) IF DIFFERENT FROM ABOVE _____

PHYSICAL LOCATION*

STREET _____ CITY STATE _____ ZIP CODE _____

MAILING ADDRESS – IF DIFFERENT THAN ABOVE

DEPARTMENT / STREET _____ CITY _____ STATE _____ ZIP CODE _____

AUTHORIZED SIGNATURE* _____ DATE* _____

PRINT NAME OF SIGNATORY* _____ TITLE* _____ CONTACT PHONE* _____

**This item must be completed.*