



CLOSING BUSINESS DECLARATION

6000 Main St. SW ♦ Lakewood, WA 98499
Phone (253) 512-2261

BUSINESS LICENSE - ZONING INFORMATION (FOR OFFICIAL USE ONLY)

Tax Parcel: _____ Zone: _____

City of Lakewood License #: _____

I, _____ hereby declare as follows
Print Owner's Full Name

Business Name _____
Print Name of Business

Located at: _____
Business Address, City, State and Zip Code

The business activity was: _____

The final business date operating in the City of Lakewood _____
Month / Day / Year

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE INFORMATION
PROVIDED ON THIS FORM IS TRUE AND CORRECT.**

Owner or Authorized Signature Title Date Signed

Home Address, City, State and Zip Code

Mailing Address, City, State and Zip Code (if different than above)

(_____) _____
Phone Number