



City of
JURUPA VALLEY
California

CLOSED BUSINESS FORM

Please complete all sections with asterisks. Incomplete applications will not be processed.

*Business Name/DBA _____

OFFICIAL USE ONLY

*Business Address - (Street Address) _____

(Cannot be P.O. Box per State of California Business & Professions Code Section 17538.5)

Business Registration # _____

Expiration Date _____

SIC/NAICS CODE _____

(City/State/Zip) _____

*Business Phone No. _____

Business Fax No. _____

*Email Address _____

*Website _____

*Mailing Address (If different) _____

*Description of Business Activities _____

*No. of Employees _____

**I am No Longer
Conducting Business in
The City of Jurupa Valley**

As of Date: _____

*Ownership: ☐ Corporation

☐ Ltd Liability

☐ Sole Proprietor

☐ Partnership

☐ Trust

☐ Non-Profit

Owners, Partners, or Corporate Officers

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back or bottom of this form.

*Owner/Officer _____

*Title _____

*Home Address _____

*Home Phone No. _____

*City/State/Zip _____

*Cell Phone No. _____

Co-Owner (If applicable) _____

Title _____

Home Address _____

Home Phone No. _____

City/State/Zip _____

Cell Phone No. _____

Emergency Contact:

Name: _____

Cell Phone# _____

Additional Information:

Acceptance of payment does not constitute approval of business registration or issuance of a Business Registration Certificate pursuant to Ordinance No. 2012-04, and is not an assurance that the business conforms with City zoning regulations, zoning ordinances or laws. Authorization to conduct business is not granted until issuance of a Business Registration Certificate and business is in compliance with applicable City ordinances and regulations.

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION IS TRUE AND CORRECT

*Signature of Owner or Representative _____

Date _____

**RETURN COMPLETED CHANGE NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO CITY OF JURUPA VALLEY.
CREDIT CARD PAYMENTS MUST BE MADE IN PERSON AT CITY HALL**