



COMMUNITY DEVELOPMENT DEPARTMENT
(530) 661-5820

300 FIRST STREET
(530) 406-0832 FAX

WOODLAND, CA 95695
businesslicenses@cityofwoodland.gov

Request for Closure Business Registration (License)

Date: _____

Business Reg. No.: _____

Business Name: _____

Business Address: _____

Reason for Closure: _____

I acknowledge that by closing my business registration (license) I will no longer be conducting business with the City of Woodland city limits. I also acknowledge that should I decide to resume business within the City of Woodland, I may be required to pay past due fees and/or open a new business registration (license).

Owner Name (Print)

Signature