



BUSINESS CLOSURE FORM

Permit Type(s): (check all that apply)

Permit/ID #	Permit/ID #	Permit/ID #
<input type="checkbox"/> Food Facility	<input type="checkbox"/> Massage	<input type="checkbox"/> Water
<input type="checkbox"/> Laundry	<input type="checkbox"/> Body Arts	<input type="checkbox"/> Pool
<input type="checkbox"/> Pet facility	<input type="checkbox"/> Medical Cannabis	<input type="checkbox"/> Well
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Weights & Measures	<input type="checkbox"/> Solid Waste
<input type="checkbox"/> Other		

If applicable, SF Tax Collector Business Account Number (BAN):

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Business Name (DBA): _____

Business Address: _____

Date of Closure: _____

Sole Owner Partnership Corporation LLC LP Other _____

Ownership name: _____

Phone #: _____ **Email:** _____

Print Name (Owner, officer, or authorized agent)

Signature (Owner, officer, or authorized agent)

Date

I understand that this declaration is subject to review by the Department of Public Health, Environmental Health. I declare under penalty of perjury that I am an authorized representative of this business entity and that the information contained herein is true and complete to the best of my knowledge and belief.

For Department of Public Health Office Use Only		
BRC/BAN#: _____	Class: _____	Account: _____ Permit/ID: _____
<input type="checkbox"/> Verified closed during site visit conducted on _____.		
<input type="checkbox"/> Per Tax Collector database, business and/or BAN closed effective _____. This document is for EH record purposes.		
Notes: _____		
Inspector _____	Date _____	<input type="checkbox"/> Reviewed by: _____
Processed by: _____	Date: _____	Notes: _____