



Weights and Measures Out of Business Form

This is to notify the San Francisco Sealer of Weights and Measures, the close of:

Business Name: _____

DBA (if different): _____

Located at: _____

Date of closing: _____

Owner's Name: _____

I certify under penalty of law that the above is true and correct to the best of my knowledge.

Owner's Signature

Date

**** Account will not be closed until all outstanding fees for past/current is paid in full.***

For Department of Public Health Office Use Only	
Business ID Number:	Processed By:
Status: <input type="checkbox"/> Closed <input type="checkbox"/> Inactive <input type="checkbox"/> Pending*	Date:
Notes:	