



**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): 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**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: _____                                |