CITY AND COUNTY OF SAN FRANCISCO OFFICE OF THE TREASURER & TAX COLLECTOR

City Hall, Room 140 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102 (415) 554-4400; FAX: 554-6207 www.sftreasurer.org



Certificate Number:	

JOSÉ CISNEROS, TREASURER GEORGE PUTRIS, TAX ADMINISTRATOR

DECLARATION OF CLOSED BUSINESS OR CHANGE IN OWNERSHIP

Use this form to inactivate an account that is no longer conducting business in San Francisco or that has changed owners or ownership type (e.g., a Sole Proprietorship changing to Partnership, LLC or Corporation, etc.)

Certificate Number of Closing Business:	FOR OFFICE USE ONLY
Registered Ownership Name:	Staff Initials:
DBA (Doing Business As) Name:	. Date Processed:
STEP 1 – REASON FOR INACTIVATING BUSINESS ACCOUNT	Γ
Mark the appropriate box below that indicates the reason ownership ceased operation provide all requested information.	n in San Francisco and
☐ No longer conducting business in San Francisco. Last date of operation	:
	(mm/dd/yyyy)
☐ Business Sold or Transferred to new owner. Effective date	:
Please provide new ownership information on the lines below.	(mm/dd/yyyy)
New Owner or Ownership Name	Phone Number
Mailing Address	
Escrow Holder: Name Address	Phone Number
\square Ownership type has changed to: (Please mark the appropriate circle below and se	e *Note below.)
O Sole Proprietorship O Partnership O Corporation O LLC O Other	•
Effective date	
	(mm/dd/yyyy)

→ YOU MUST COMPLETE STEP 2, SIGN, AND DATE ON THE REVERSE SIDE → (If this form is not signed by an authorized representative of the business, it will be returned without processing.)

Certificate Number:	

DECLARATION OF CLOSED BUSINESS OR CHANGE IN OWNERSHIP - continued

STEP	2-1	NEX	US IN SAN I	RANCISCO	
below. If	the "y	es" b	ox is checked on a	ny one of the questions, then the	u must be able to respond "no" to each of the questions current ownership or ownership type is still conducting isco Business and Tax Regulations Code.)
\/F0	NO	Do	es the business		
YES	NO		maintain a fivad r	dage of business within Son Fro	naisan?
		•••	_	olace of business within San Fra e or franchise powers within Sai	
		•••	•	•	within San Francisco for business purposes?
		•••			operty within San Francisco, for sale?
		•••	•	pital on property within San Fr	
			• •		rt of any seven days during a tax year?
		•••	perform work or year?	render services within San Fran	cisco for all or part of any seven days during a tax
		•••		rithin San Francisco in connecti r part of any seven days during	on with the operation of motor vehicles for business a tax year?
•					rently registered ownership is not conducting is form is completed, then sign and date below.
grea	ter thar	า \$150	0,000 must file a fina	II SAN FRANCISCO PAYROLL E	isco for the calendar year in which they are closing is KPENSE TAX STATEMENT. A payroll expense tax s, by calling (415) 554-4400, or at City Hall in Room 140.
				rictitious Business Name (FBN), the Se (www.sfgov.org/countyclerk; (4	e name can be abandoned with the Office of the County (5) 554-4950).
► If you	ı have	other	SF licenses or perm	nits, please contact the appropriate	e office below:
			of Public Health	1390 Market Street, Suite 210 698 2 nd Street, Room 109	(415) 252-3800 (415) 558-3303
	Fire De Police l			850 Bryant Street, Room 458	(415) 553-1115
	Enterta	inmei	nt Commission	City Hall, Room 453	(415) 554-4539
				ty (Unsecured Personal Property,	
			corder	875 Stevenson Street, Room	. ,
			•	• • • •	asurer & Tax Collector and if the person(s) or business(es) r may assess additional fees, taxes, and penalties.
I declare understar	under _l ıd that	penali misre	y of perjury that the	information contained herein is tr mation is subject to a penalty of u	ue and complete to the best of my knowledge and belief. I to \$500 (San Francisco Business and Tax Regulations
NAME:					
			Signature		Print Full Name (and Title, if applicable)
DATE:				TELE	PHONE: ()