

COUNTY OF MONTEREY TAX COLLECTOR MARY A. ZEEB, TREASURER – TAX COLLECTOR

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Date:	
Deputy:	
License # For Internal Use Only	

CESSATION OF BUSINESS FORM

SECTION ONE: CESSATION OF BUSINESS INFORMATION

Important Notice: An original signature of the owner or authorized corporate representative is required. Incomplete forms will not be processed.

Entity Name:	Telephone Number:				
Agent Name:	Agent Title:				
Trade Name (DBA):					
TOT Certificate #:		Date of last transient occupa	ncy tax stay:		
Business Mailing Address:	(Number & Street)	(City)	(State)	(Zip Code)	
Business Physical Address:	(Number & Street) Check this box if	(City) the entity is ceasing business operations at the	(State) is physical address only.	(Zip Code)	
Email Address where tax statements/returns/account balances should be sent (only one email address may be designated):					
to receive electronic comm	iunications via email, ir	iding County of Monterey Tax Collector with a accluding copies of tax statements, account bala telephone, letter and other mediums of comm	ances or tax returns. The Cou		
Business Type: [] Sol	e Proprietorship	[] Corporation [] LLC [] Partn	nership [] Other:		
Date Business Started Opera	ting in Unincorporated	Monterey County:			
Date Business Ceased Operat	ting in Unincorporated	Monterey County:			
Reason for Cessation: (attach additional sheet if necessary)	,				
		tion of Business form must include a final TO? OT tax return, it will be considered incomplete	0	e of closure. If	
		CDOWN WAY OR WAYNER			
		SECTION TWO: SIGNATURE			
provisions of Chapter 5.40 sh		nt occupancy tax in the county. Per MCC $\S 5.4$ meanor and shall be punishable therefore as properties.			
County Code.					
I declare under penalty of per the information provided here		State of California that I am authorized to act	on behalf of the above-named	d entity, and that	
Signature of Owner/Agent		Print Name and Title	Date		