



City of Woodland

COMMUNITY DEVELOPMENT DEPARTMENT  
(530) 661-5820

300 FIRST STREET  
(530) 406-0832 FAX

WOODLAND, CA 95695  
<http://www.cityofwoodland.org>

**Request for Closure  
Business Registration (License)**

Date: \_\_\_\_\_

Business Reg. No.: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Closure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that by closing my business registration (license) I will no longer be conducting business with the City of Woodland city limits. I also acknowledge that should I decide to resume business within the City of Woodland, I may be required to pay past due fees and/or open a new business registration (license).

\_\_\_\_\_  
Owner Name (Print)

\_\_\_\_\_  
Signature