

City of La Puente

Business License Termination Form

15900 Main Street, La Puente CA 91744
(626) 855-1500

Business License # _____

Name of Business _____

Business Location _____

Cancel date/effective _____

Business owner signature _____

Print Name _____

**FOR PARTNERSHIP STATUS, BOTH SIGNATURES ARE REQUIRE TO
CLOSE THE BUSINESS.**

Business Owner Signature _____

if applicable list below the new Business owner/s.

Business Name _____

Business Owner _____

We appreciate the time invested with conducting your business in the City of La Puente
and we wish you the very best in all future endeavors.