

**PLEASE COMPLETE THE APPROPRIATE CERTIFICATION STATEMENT IF YOUR BUSINESS OR COMPANY HAS CEASED OPERATIONS IN PINE BLUFF OR CHANGED OWNERSHIP AND RETURN TO:**

City Collector's Office  
 200 E. 8<sup>th</sup> Avenue, Suite 102  
 Pine Bluff, Arkansas 71601  
 (870) 543-1815  
 (870) 543-1870 fax

Internal Use Only:	Account Number	Date Processed.
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**Certification of Business Closure (if applicable)**

I, \_\_\_\_\_, owner or legal representative for the ...  
 (Print Owner or Legal Representative Name)

\_\_\_\_\_, a business or commercial enterprise with  
 (Business Name)

operations in Pine Bluff, Arkansas, do certify and attest that said enterprise no longer operates in, or will no longer operate in, or exist as a business entity, in Pine Bluff, Arkansas as of the date \_\_\_\_\_  
 (Date of Business Closure)

\_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 (Today's Date)

**Certification of Ownership Change (if applicable)**

I, \_\_\_\_\_, owner or legal representative for  
 (Print Owner or Legal Representative Name)

\_\_\_\_\_, a business or commercial enterprise with  
 (Business Name)

operations in Pine Bluff, Arkansas, do certify and attest that said enterprise is **no longer under the ownership of** \_\_\_\_\_ as of the date \_\_\_\_\_  
 (Owner's Name) (Date of Ownership Termination)

\_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 ( Today's Date)

I further attest to the **transfer of ownership** to \_\_\_\_\_  
 ( Print Name of New Owner )

at \_\_\_\_\_  
 (Address, City, State, and Zip Code of New Owner)

\_\_\_\_\_  
 (Telephone Number of New Owner)