



Avenu Taxpayer Support Request to Close Account

Remit To:
Email: businesslicensesupport@avenuinsights.com
Toll Free Phone: 800-556-7274
Fax: 844-528-6529

Please complete the following information:

| Account Information | |
|---|---|
| Avenu Account Number : | Municipality: |
| Business Name: | |
| Owner's Name: | |
| Doing Business As: | |
| Business Address: | |
| City: | State: Zip: |
| Ownership Type (Choose One): | |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation |
| <input type="checkbox"/> LLC-Single Member | <input type="checkbox"/> LLC-Multi Member <input type="checkbox"/> LLP <input type="checkbox"/> Governmental Agency |
| <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other (please explain) |
| FEIN/SS#: | Business Phone: |

| Closing Information |
|---------------------|
| Date of Closing: |
| Reason for closing: |

| New owners' contact info (If Business Has Been Sold) : |
|--|
| Name: |
| Address: |
| City: State: Zip: |

Signature: _____

Print Name: _____

Date: _____ Phone: _____

Email Address: _____