

City of Jackson Business License Cancellation Form

PLEASE NOTE: If you are the owner of the building and it is vacant, you **MUST REGISTER that vacant building within thirty (30 days) with Community Improvement at <https://jacksonms.portal.opengov.com/categories/1080/record-types/6509>**

*Property owners are responsible for building maintenance. *

PROPERTY ADDRESS _____

PHONE NUMBER: _____ **PARCEL#:** _____

A Business License (No. _____) was granted to _____

for the operation of _____.

This business has closed as of the _____ day of _____, 20____. The reason(s) for closing the business is/are :

- Lack of Business**
- Crime**
- Water/Infrastructure**
- Taxes**
- Regulatory Issues**
- Operational Costs (i.e. Rent)**
- Moved out of Jackson**
- Other** _____

DECLARATION:

By signing this form, it is understood and agreed that the above Business License is closed. Permission is hereby given the duly authorized representative of the City of Jackson to make an investigation to verify that the status of the business and verify authenticity of the property/business owner(s). It is further understood that the Business License Official and staff may inspect the subject property, make photographs and obtain any verifications and data necessary to ensure compliance with the City of Jackson Business License Ordinance. If any of the statements herein are determined to be false, then the Business License Official will pursue fines and other penalties in accordance with the laws of the State of Mississippi.

The above information is true, and complete to the best of my knowledge.

Business Owner or Designated Representative's Signature

**STATE OF MISSISSIPPI
COUNTY OF HINDS**

Personally came and appeared before me the within named:

who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are the grantee and owner(s) of the subject property as described in this Business License cancellation.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the _____ day of

_____, 20_____.

MY COMMISSION EXPIRES:

NOTARY PUBLIC

**EMAIL THE COMPLETED AND NOTARIZED FORM TO BUSINESSLICENSINGSUP@JACKSONMS.GOV
OR MAIL TO BUSINESS LICENSING P. O. BOX 22708 JACKSON, MS 39225**