



PLANNING & DEVELOPMENT DEPARTMENT
535 TELFAIR STREET, SUITE 300 AUGUSTA, GA 30901
PHONE 706.312.5050

CLOSE ACCOUNT AFFIDAVIT

Business License Account Number _____

As owner or authorized agent of, _____

I hereby verify that this business is no longer in operation, and I am requesting that this account is placed in closed status.

Business closed as of _____

New owner (if applicable) is _____

☐ Owner deceased. Copy of death certificate attached

Other _____

In making the above statement under oath, I understand that any person who knowingly and willfully makes a false, fiction, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such a criminal statute.

Executed in _____ (city), _____ (state)

Signature of Owner or Officer _____

Printed Name of Owner or Officer _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____,

NOTARY PUBLIC

My Commission expires: _____

Notary Seal

You may fax this form to 706.312.5037 or mail to P.O. Box 9270, Augusta, GA 30906. You may also email it to closemybusiness@augustaga.gov. Enter "Close Account" in the subject line.