



Business License Closure Form

City of Rialto
Business License Division
150 S. Palm Ave
Rialto, CA 92376
(909) 820-2517
citybl@rialto.ca.gov

Please submit this form with a copy of the owner's ID to the Business Licensing Division

License # _____

Date Closed _____

Name of Business _____

Business Location _____

Owner(s) Name _____

Owner(s) Name _____

Reason for closing _____

If there is more than one owner, both MUST be present sign the document and close the business. Please provide a copy of the owner(s) driver's license.

Signature

Date

Signature

Date