

I am requesting to (click one) CLOS	SE or CHANGE m	ny sales tax and/or business	license account.	
Avon Account number:	_ Effective date of red	Effective date of requested closure or change:		
Business Nan	me:			
DBA:				
Address:				
Email address:		Phone:		
Reason for request:				
☐ Business has closed and cease	ed all operations			
☐ Business no longer makes sale	es, deliveries, or conduc	cts business in Avon		
☐ Change in Business Ownershi	p -New Owner			
Business has movedInto Avon (address) _Out of Avon. Will you		ies or doing business in Avor	n? YES NO	
☐ New Physical and/or Mailing	address or other contac	ct information (please specif	y):	
☐ Change Filing Frequency to (ch	neck one): MONLTH	LY QUARTERLY ANNI	UALLY	
☐ Other – please specify and be	e as detailed as possible			
Person requesting this change:				
Print Name:	Signatur	·e:		
Once your request is processed, a cor	nfirmation of the chang	e or closure will be emailed t	to you.	
salestax@avon.org p: 97	'0-748-4046 f: 97	70-949-9139 www.Av	on.org	