



**CITY AND COUNTY OF DENVER
DEPARTMENT OF FINANCE**

TREASURY DIVISION
WELLINGTON WEBB BLDG.
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DENVER, COLORADO, 80202-5329
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Michael B. Hancock
Mayor

Account Change OR Closure Request Form

Please complete the form below reflecting all the requested changes to your business account(s):

Account #: _____ **Business Name:** _____

Please indicate which account(s) the change or closure should be applied to:

- Sales Consumer's Use Occupational Privilege Lodgers FDA/TBT E911 Fees

Please provide the following information regarding the requested changes to the selected account(s):

ACCOUNT CLOSURE:

Date of business closure: _____

- Out of business Never began business Opened account in error
- No taxable sales Seasonal business
- Business has moved out of Denver: BUT sales and employee activity in Denver will continue.
Sales & OPT accounts should remain open - please complete address change below)
- Business and all employees have moved out of Denver: BUT sales activity in Denver will continue.
(Sales account should remain open – please complete address change below)
- Business, employees and all sales, services, or other taxable activity have moved out of Denver. (Please include the new address below)
- Business has been sold or changed ownership: Date of business sale: _____
Name of new owner: _____ Phone#: _____
Address: _____ City/State/Zip: _____

ACCOUNT ACTIVATION / REACTIVATION:

- Closed in error. Reactivate with original start date. Activate new tax type for period: _____
- Business Reopened. New Start Date: _____

NAME, ADDRESS OR PHONE# CHANGE:

New Business Name: _____ (FEIN cannot change)

New Address: _____ City/State/Zip: _____

- Location Address Mailing Address Both Location & Mailing Address

New Phone #: _____

In order to process any of the requested changes, the below information must be completed:

Printed Name: _____

Contact Info (Email or Phone #): _____

SIGNATURE: _____ **DATE:** _____