



I am requesting to (click one) **CLOSE** or **CHANGE** my sales tax and/or business license account.

Avon Account number: _____ **Effective date** of requested closure or change: _____

Business Name: _____

DBA: _____

Address: _____

Email address: _____ **Phone:** _____

Reason for request:

- Business has closed and ceased all operations
- Business no longer makes sales, deliveries, or conducts business in Avon
- Change in Business Ownership -New Owner _____
- Business has moved
 - Into Avon (address) _____
 - Out of Avon. Will you still be making deliveries or doing business in Avon? YES NO
- New Physical and/or Mailing address or other contact information (please specify):

- Change Filing Frequency to (check one): MONLTHLY QUARTERLY ANNUALLY
- Other – please specify and be as detailed as possible _____

Person requesting this change:

Print Name: _____ Signature: _____

Once your request is processed, a confirmation of the change or closure will be emailed to you.

salestax@avon.org

p: 970-748-4019

f: 970-748-4422

www.Avon.org