



MOBILE FOOD FACILITY (MFF)
CLOSURE REQUEST FORM

Today's Date: _____

To whom it may concern:

I, _____ (print name), am requesting to close my business. I certify that the last date of operation is/was _____. Please close my account.

My business information is as follows:

Facility Name: _____

Facility ID Number: FAO_____

Account Number: AR_____

License Plate #: _____

Owner Name: _____

Owner Contact information:

Phone: _____

Mobile: _____

Mailing/Billing Address: _____

City/State/Zip: _____

Reason for closure: _____

Owner/Authorized Agent Signature

Print Name

Date