



BUSINESS LICENSE HOLD/TERMINATION FORM

Business No.:			
Business/Trade Name:			
Address:			
City:		State:	Zip:
Telephone Number:			

Reason For Termination Hold	Business Closed Service Canceled Owner Changed	Please give a brief explanation for the action taken:
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License Category: (list categories to be held or terminated)		

Effective Date	
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New Owner's Name:			
Address:			
City:		State:	Zip:
Telephone Number:			

Owner's Name: (Person Completing this Form)		Phone:
Address:		Date:
Signature		

PLEASE NOTE: Future requests for a business license requires a new application and approval

OFFICE USE ONLY

Memo: Outstanding Obligations to DLCA \$ _____ Approved By: _____

Government of the Virgin Islands
 Department of Licensing and Consumer Affairs
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