



Effective January 2024

Town of Crested Butte BUSINESS CLOSURE FORM

Should your business no longer be operating, please complete this form and email to salestax@crestedbutte-co.gov

Business Name: _____

Account Number (Six Digits): _____

Date of Closure (MM/DD/YYYY): _____

Closure Reason: _____

By signing this document, I give the Sales Tax Department authority to review my account. Should there be an outstanding balance, that balance will be discussed with the undersigned prior to inactivating the above-mentioned business.

Signature of Owner: _____ Date: _____

Forwarding Address: _____

Contact Phone Number: _____

Was there a change in ownership? Yes No

If yes, new owner's name: _____

Address: _____

Business Phone Number: _____

For Official Use Only

Closed by: _____

Completed Date: _____