



## BUSINESS LICENSE HOLD/TERMINATION FORM

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

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

<b>Effective Date</b>	
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<b>New Owner's Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Telephone Number:</b>			

<b>Owner's Name:</b> (Person Completing this Form)	<b>Phone:</b>
<b>Address:</b>	<b>Date:</b>
<b>Signature</b>	

**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**  
 3000 Estate Golden Rock  
 Christiansted, VI 00820

**Tel. 340-718-2226**  
**Fax 340-718-6982**