



## **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: FA0\_\_\_\_\_

Account Number: AR\_\_\_\_\_

License Plate #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Contact information:

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Reason for closure: \_\_\_\_\_

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Owner/Authorized Agent Signature

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Print Name

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Date