

**City of Golden**  
Sales Tax Division  
911 10th Street  
Golden, CO 80401  
(303) 384-8023, Fax (303) 384-8001

**ACCOUNT CHANGE OR CLOSURE FORM**

Use this form to notify the City of Golden of any change in the trade name (or d/b/a), change of business or mailing address, or to notify the city that you want to close your tax account. If you are closing your account please indicate the appropriate reason.

**Account Number** \_\_\_\_\_

**TRADE NAME OR ADDRESS CHANGE**

Current Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Business Name And/Or Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Address \_\_\_\_\_ Mailing Address \_\_\_\_\_ Both \_\_\_\_\_

**CHANGE OF OWNERSHIP/BUSINESS CLOSURE**

Last Day of Business \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Ownership Information/Name/Address

Reason:

- Ownership has changed
- Business has been permanently closed
- Business has been sold

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By my signature below, I declare, under the penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.*

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_