

Termination of Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby terminate business terminate ownership under the Fictitious Firm Name

_____ located at
(Fictitious Business Name)

_____, the effective date of termination being _____.
(Street Address of Business or Residence) (Date)

Terminate ownership of the following person(s) whose name(s) and address (es) are as follows:

1. _____ Signature _____ Date
Full Name and Title

_____ City, State, Zip
Street Address

_____ City, State, Zip
Mailing Address, if different from above

2. _____ Signature _____ Date
Full Name and Title

_____ City, State, Zip
Street Address

_____ City, State, Zip
Mailing Address, if different from above

3. _____ Signature _____ Date
Full Name and Title

_____ City, State, Zip
Street Address

_____ City, State, Zip
Mailing Address, if different from above

RECEIVED AND FILED

Date

Deputy County Clerk

Please provide the following details where verification of filing should be sent:

_____ Phone Number
Mailing Address

Email Address

When you have completed this form, please email to buslic@carson.org

Return to Carson City Business License, 108 E. Proctor St., Carson City, NV 89701 with \$25 filing fee