



# Transaction Request

## DEPARTMENT of ADMINISTRATIVE SERVICES

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9516

Account No \_\_\_\_\_

Business Name (DBA)				Date
Business Address	CITY	STATE	ZIP	Phone
Mailing Address	CITY	STATE	ZIP	Email Address

Please terminate the business license for the above business for the following reason:

- ☐ Sold to: \_\_\_\_\_ On: \_\_\_\_\_
- ☐ Closed on: \_\_\_\_\_ permanently. Due to ☐ Foreclosure ☐ Bankruptcy ☐ Other
- ☐ Moved out of Gardena to: \_\_\_\_\_ On: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

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### Office Use Only

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Status Changed from \_\_\_\_\_ to \_\_\_\_\_

Notes: