

# Close of Business

Facility Name: \_\_\_\_\_

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

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

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

Date of Termination: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

**Please print and sign the document and return it to us by mail or email.**

**Mail:**  
**Animal Welfare Section**  
**Attn: Meghan Ray**  
**1030 Mail Service**  
**Center Raleigh, NC**  
**27699**

**Email:**  
**agr.aws@ncagr.gov**