



## Weights and Measures Out of Business Form

This is to notify the San Francisco Sealer of Weights and Measures, the close of:

**Business Name:** \_\_\_\_\_

**DBA (if different):** \_\_\_\_\_

**Located at:** \_\_\_\_\_

**Date of closing:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

*I certify under penalty of law that the above is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Date*

***\* Account will not be closed until all outstanding fees for past/current is paid in full.***

For Department of Public Health Office Use Only	
<b>Business ID Number:</b>	<b>Processed By:</b>
<b>Status:</b> <input type="checkbox"/> Closed <input type="checkbox"/> Inactive <input type="checkbox"/> Pending*	<b>Date:</b>
<b>Notes:</b>	