



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 French Landing, Suite 300
Heritage Place MetroCenter
NASHVILLE, TENNESSEE 37243
www.state.tennessee.gov/health

**INACTIVATION OF A
MESSAGE ESTABLISHMENT LICENSE**

PLEASE PRINT ALL INFORMATION IN INK

(Establishment Name)

(Street Address) (City) (State) (Zip)

Establishment Phone (____) _____ Home Phone (____) _____

Tennessee Establishment License Number _____

Issued _____
(Month) (Day) (Year)

I, DO SOLEMNLY SWEAR THAT I HAVE RETIRED MY ESTABLISHMENT LICENSE LISTED ABOVE IN THE STATE OF TENNESSEE ON THIS DATE:

(Month) (Day) (Year)

(Signature of Establishment Owner)

Subscribed and sworn to before me this _____ day of _____

at _____
(City) (State)

NOTARY PUBLIC _____

NOTARY SEAL MY COMMISSION EXPIRES _____