

Kentucky Department of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, Kentucky 40601

**NOTIFICATION OF CESSATION OF BUSINESS,
LOCATION OF PHYSICAL RECORDS AND
RECORDS CUSTODIAN DISCLOSURE**

(To be completed by Principal Licensee)

1. LICENSE NUMBER REQUESTING SURRENDER: _____

2. LOCATION OF PHYSICAL RECORDS:

3. RECORDS CUSTODIAN:

- a. Name: _____
- b. Address: _____

- c. Phone: _____
- d. Email address: _____

NOTE: This information must be kept current for 5 years after a surrender/closure for record retention purposes.

Updated 08/2010