



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 Mainstream Drive
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 _____