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| Name der entgegennehmenden Gemeinde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gemeindekennzahl Betriebsstätte (Sitz) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **GewA 3** | | | | | | | | | |  | | | | | | |
| **Gewerbe- Abmeldung**  nach § 14 GewO oder § 55 c GewO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bitte vollständig und gut lesbar ausfüllen sowie die zutreffenden Kästchen ankreuzen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Angaben zum**  **Betriebsinhaber** | | | | | | | | | | | | | Bei Personengesellschaften (z.B. OHG) ist für jeden geschäftsführenden Gesellschafter ein eigener Vordruck auszufüllen. Bei juristischen Personen ist bei Feld Nr. 4 bis 11 der gesetzliche Vertreter anzugeben. (bei inländischer AG wird auf diese Angaben verzichtet). Die Angaben für weitere gesetzliche Vertreter zu diesen Nummern sind ggf. auf Beiblättern zu ergänzen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Im Handels-, Genossenschafts- oder Vereinsregister eingetragener Name mit  Rechtsform (ggf. bei GbR mit weiteren Gesellschaftern) | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | Ort und Nr. des Registereintrages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | Name des Geschäfts, wenn er vom eingetragenen Namen in Feld 1 abweicht (Geschäftsbezeichnung; z. B. Gaststätte zum grünen Baum, Friseur Haargenau) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4 | Familienname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 | | Vorname | | | | | | | | | | | | | | | | | | | | | | | | | 6 | | | | Geschlecht | | | | | | | | | | | | | | | |
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| 7 | Geburtsname (nur bei Abweichung vom Familiennamen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8 | Geburtsdatum | | | | | | | | | | | | | | | | | | | | 9 | Geburtsort und -land | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10 | | | | Staatsangehörigkeit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | deutsch | | | |  | andere: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | Anschrift der Wohnung (Straße, Haus- Nr., PLZ, Ort) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon-Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| freiwillig: e-mail/web | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Angaben zum Betrieb** | | | | | | | | | | | | | 12 | | | Zahl der geschäftsführenden Gesellschafter (nur bei Personengesellschaften) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | Zahl der gesetzlichen Vertreter (nur bei juristischen Personen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 13 | | | Liegt eine Beteiligung der öffentlichen Hand vor? | | | | | | | | | | | | | | | | | Ja | | | | | |  | | | | | Nein | | | | | |  | | | nicht bekannt | | | | X | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | Vertretungsberechtigte Person / Betriebsleiter Familienname, Vorname (nur bei inländischen Aktiengesellschaften, Zweigniederlassungen und unselbständigen Zweigstellen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Anschriften (Straße, Haus-Nr., Plz, Ort)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | Betriebsstätte | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon-Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| freiwillig: e-mail/web | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | Hauptniederlassung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon-Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| freiwillig: e-mail/web | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | Künftige Betriebsstätte (falls an einem anderen Ort eine Neuerrichtung geplant ist) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefon-Nr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| freiwillig: e-mail/web | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | Abgemeldete Tätigkeit (genau angeben: z.B. Herstellung von Möbeln, Elektroinstallation und Elektroeinzelhandel, Großhandel mit Lebensmitteln usw.; bei mehreren Tätigkeiten bitte Schwerpunkt unterstreichen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 19 | | | Wurde die aufgegebene Tätigkeit im Nebenerwerb betrieben ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 | | | Datum der Betriebsaufgabe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Ja | | | | | | | | | | | | |  | | | Nein | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | | | | |  | |  | | | | |  | | |  | |  | | |  | | | |  | |  |  | | |
| 21 | | | Art des abgemeldeten Betriebes, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Industrie | | | | | | | | | | | | |  | | | Handwerk | | | | | | | |  | | | Handel | | | | | | | | | | | | | | |  | Sonstiges | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | Zahl der bei Geschäftsaufgabe/-übergabe tätigen Personen (ohne Inhaber) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Vollzeit | | | | | | | | |  | |  | | | | |  | | |  | |  | | | Teilzeit | | | | | | | | | |  | |  | | | | |  | | |  | |  | | | Keine | | | | | | | | | | | | |  | |  | | |
| **Die Abmeldung wird** | | | | | | | | | | 23 | | | | eine Hauptniederlassung | | | | | | | | | | | | | | | | | | | | |  | | | eine Zweigniederlassung | | | | | | | | | | | | | | | | |  | | | eine unselbständige Zweigstelle | | | | | | | | | | | | | | | | | |  | |  | | |
| **erstattet für** | | | | | | | | | | 24 | | | | ein Reisegewerbe | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | 25 | | | |  | | | Aufgabe / Übergabe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grund | | | | | | | | | | 26 | | | |  | | | Vollständige Aufgabe | | | | | | | | | | | | | | | | | |  | | | Verlegung in einen anderen Meldebezirk | | | | | | | | | | | | | | | | |  | | | Gründung nach dem Umwandlungsgesetz | | | | | | | | | | | | | | | | | |  | |  | | |
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|  | | | | | | | | | |  | | | | Wechsel der Rechtsform | | | | | | | | | | | | | | | | | | | | |  | | | Gesellschafteraustritt | | | | | | | | | | | | | | | | |  | | | Erbfolge/ Verkauf, Verpachtung | | | | | | | | | | | | | | | | | |  | |  | | |
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| 27 | | Name des künftigen Gewerbetreibenden oder Firmenname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 28 | | Gründe für die Betriebsaufgabe (z.B. Alter, Betriebsübergabe, wirtschaftliche Schwierigkeiten, Insolvenzverfahren usw.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Hinweis: Eine Wiederaufnahme der abgemeldeten Tätigkeit ist erneut anzeigepflichtig.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 29 | |  | | | | | | | | | | | | | 30 | |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Datum | | | | | | | | | | | | |  | | Unterschrift | | | | | | | | | | | | | | | | | | | | | | | |