



DEPARTMENT OF FINANCE/REVENUE DIVISION

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CLOSE OF BUSINESS NOTICE/RELOCATION

LICENSE NUMBER \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_
\_\_\_\_\_

Was the business sold? Yes No

If yes, do you have the new owner information? Yes No

New Owner Information: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

DATE BUSINESS CLOSED \_\_\_\_\_

GROSS RECEIPTS FROM JANUARY 1ST THROUGH CLOSE OUT DATE \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

PRINT TITLE \_\_\_\_\_