



DEPARTMENT OF FINANCE/REVENUE DIVISION

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herndon-va.gov

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 _____