



FREDERICK COUNTY, VIRGINIA

ELLEN E. MURPHY, COMMISSIONER OF THE REVENUE

107 N. Kent Street, Winchester VA 22601
P.O. Box 552, Winchester VA 22604-0552



HEIDI LARGENT
MARIA PRICE
Business Division

hlargent@fcva.us
mprice@fcva.us
www.fcva.us/biztax
540.722.8335

Phone: 540.722.8329
540.722.8393
Fax: 540.667.6487

NOTIFICATION OF BUSINESS CLOSING IN FREDERICK COUNTY

[Use this form if permanently closing a business that is located in Frederick County even if starting up or continuing to do business elsewhere, e.g., Winchester City, Warren County, West Virginia etc.]
(Separate Form Needed For Each Location)

NAME OF BUSINESS APPLICANT: \_\_\_\_\_

TRADE NAME (if different): \_\_\_\_\_

BUSINESS PHYSICAL LOCATION: \_\_\_\_\_

BUSINESS MAILING ADDRESS (if different): \_\_\_\_\_

OWNER(S): \_\_\_\_\_

BUSINESS LICENSE ACCOUNT NO.: \_\_\_\_\_ BUSINESS EQUIPMENT ACCOUNT NO.: \_\_\_\_\_ CONSUMER TAX ACCOUNT NO.: \_\_\_\_\_

LAST DATE OF OPERATION IN FREDERICK COUNTY: \_\_\_\_\_

Have you been in business for longer than 1 year? [ ] YES [ ] NO

If "No" - those in business for less than 1 year (businesses that opened in the prior year or the current year who are on "estimated" gross receipts), and out-of-jurisdiction contractors - you must enter your actual gross receipts (gross purchases for wholesalers). If multiple business classifications or categories, list each one and enter amounts separately for each.

Table with 2 columns: BUSINESS CATEGORY (Example: Retail, Financial Service, Contractor etc.) and Actual Gross Receipts (or Gross Purchases for Wholesalers) for Current Year to Date of Closing\*. The table has three empty rows for data entry.

\*NOTE: Proof of Gross Receipts and Allowable Deductions may be required.

The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.

Declaration: I hereby declare, under penalty of perjury, that the statements made herein are true, complete, and correct to the best of my knowledge and belief, and that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE of AUTHORIZED PERSON: \_\_\_\_\_

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

TITLE or CAPACITY FOR SIGNING (e.g., Owner, President, Member etc.): \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_ [Rev. 12/18]