



Scott A. Mayausky
Commissioner of the Revenue
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CLOSED OR SOLD BUSINESS AFFIDAVIT

This certifies that _____ / _____
Business Name FEIN or SSN

Owned by _____, located at

Address (physical location)

Ceased doing business at this location on ____/____/____

By signing this affidavit, the owner of the above named business attests to the fact that said applicant has been lawfully conducting a business in Stafford County, Virginia and has sold or closed the business. Details of this sale or closure are as follows:

____ Sold business with all assets and business will remain open under different name and / or ownership. (Must report new owners name and telephone number)

New Owners Name(s) and Telephone Number

____ Business closed and all assets removed from premises

____ Business and all assets moved to another location

New Location Address

Signature Title

Forwarding Address

Telephone Number Email Address Date