



FREDERICK COUNTY, VIRGINIA

COMMISSIONER OF THE REVENUE

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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): _____

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*

*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. 11/23]