



# Brandy N. Palazzone

## Commissioner of the Revenue

County of York, Virginia  
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### NOTICE OF BUSINESS UPDATE, RELOCATION OR CLOSURE

**Form may be mailed or submitted through the document portal**

\*Business License Account #: \_\_\_\_\_ Business Personal Property Account #: \_\_\_\_\_

**\*Required Fields-form cannot be accepted unless these areas are complete**

Taxpayer 1:

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

**(If partnership, must provide name of each partner)**

Taxpayer 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Business Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Federal I.D.#: \_\_\_\_\_ Social OR Security#: \_\_\_\_\_ State Sales Tax I.D.#: \_\_\_\_\_

*\*\*\*If Sole Proprietor\*\*\**

\*Business Physical Address: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City & State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

Description of Business Activity: \_\_\_\_\_

Please complete the following as applicable:

**ATTENTION IF CLOSURE:** Proof of gross receipts are required, if not previously submitted for the 3 calendar years prior to the year of closure. Your business may be due a refund if your current year business license has been filed and paid and your gross receipts were over \$100,000.

- Business was closed on: \_\_\_\_\_
- All business equipment was sold on \_\_\_\_\_ to \_\_\_\_\_
- All business equipment was converted to personal use on \_\_\_\_\_
- All business equipment was discarded on \_\_\_\_\_

OR

Business and all equipment moved on \_\_\_\_\_ to Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Declaration:** I/We do hereby swear (or attest) that the above information is complete and correct to the best of my/our knowledge and belief. **If submitting by the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, this notification must be signed.**

\*Taxpayer 1 Initials: \_\_\_\_\_ Taxpayer 2 Initials: \_\_\_\_\_ \*Daytime Telephone Number: \_\_\_\_\_

Taxpayer 1 Signature: \_\_\_\_\_ Taxpayer 2 Signature: \_\_\_\_\_

I authorize the Commissioner of the Revenue's office to discuss this business with \_\_\_\_\_

\*Email Address: \_\_\_\_\_ \*Date: \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**  
To submit this form through the document portal, please click [here](#).