



Commissioner of the Revenue

COUNTY OF YORK, VIRGINIA

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www.yorkcounty.gov/revenue

ANN H. THOMAS

Commissioner

BRANDY N. PALAZZONE

Chief Deputy

NOTICE OF BUSINESS CLOSED OR RELOCATED

Form may be mailed or submitted through the document portal

*Business License Account #: _____ *Required Fields-form cannot be accepted unless these areas are complete

Taxpayer 1:

*Last Name: _____ *First Name: _____ Middle Initial: ____ Suffix: _____

Taxpayer 2: (If partnership, must provide name of each partner)

Last Name: _____ First Name: _____ Middle Initial: ____ Suffix: _____

Trade Name: _____

*Mailing Address: _____ *City: _____

*State: _____ *Zip Code: _____

*Business Location: _____ *Business was closed on: _____

Please complete the following as applicable:

- 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](#).**