



T. Scott Harris, MCR
Commissioner

COUNTY OF HANOVER, VIRGINIA
Office of the Commissioner of the Revenue
Business Property Division
P.O. Box 129
Hanover, VA 23069-0129
Tel: (804) 365-3377 Fax: (804) 365-6111
Email: corbusiness@hanovercounty.gov

BUSINESS CLOSURE FORM

Account Number		FEIN		SSN (Sole Proprietors)	
Legal Business Name			Mailing Address		
Trade Name/DBA			Physical Address (same as mailing)		
Contact	Telephone 1	Telephone 2		Email Address	

Business Closure Date:		Note: Businesses closed on January 1 (Tax Day) of any year, will be assessed for that year.
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Reason for Business Closure					
Ceased all business activity-no longer in business.					
Moved out of Hanover County	New Address:				
Sold Business	New Owner:	Name	Telephone		
		Email	Other		
Other (Please explain)					

Status of Business Assets					
Disposed of Property	Converted to Personal Use	Sold	Moved with Business Relocation		
Assets Sold with Business	*If your business was sold, the new owner has to report assets based on the original cost and purchase date. Do you give permission to share your most recent asset list with the new owner?				

_____ The new owner has permission to my most recent asset list as to report the original costs and acquisition dates of assets conveyed in the sale of my business.
Initial

If your contact information has changed, please complete.			
Address	City	State	Zip code
Telephone 1	Telephone 2	Email	

Declaration: By signing below, I certify that the business at the location listed above is no longer in business. The information listed above is true, full and correct to the best of my knowledge and belief.			
Printed Name	Title	Signature	Date

For Office Use Only			
Date Received	Additional Investigation Required?	Yes	No
Notes:			
Date account deactivated	Staff the processed		