



SCOTT A. MAYAUSKY  
COMMISSIONER OF THE REVENUE

## 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

\_\_\_\_\_  
Date

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