



**BUCHANAN COUNTY, VIRGINIA**

Anna Ruth Horn, Commissioner of the Revenue

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**NOTIFICATION OF BUSINESS CLOSING/CHANGE FORM**

**(Separate Form Needed for Each Location)**

This form is used when a business operating in Buchanan County has ceased operations permanently, temporarily, changed ownership or moved to another county.

Name of Business Applicant: \_\_\_\_\_

DBA/Trade Name (if different): \_\_\_\_\_

Business Mailing address: \_\_\_\_\_

Business 911 location: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Account Number \_\_\_\_\_ FEIN NO OR SSNO.: \_\_\_\_\_

Date Business Closed \_\_\_\_\_ Date Business was sold: \_\_\_\_\_

If sold list buyers contact information \_\_\_\_\_

Date and 911 locations when and where if business moved to: \_\_\_\_\_

\_\_\_\_\_

Status of Assets (check as applies)

Attach a list of all assets sold including the original cost and year purchased not the valued at the time of the sale.

_____ Disposed of	Disposal Date: _____
_____ Personal Use	Change Date: _____
_____ Sold	Sold Date: _____

**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: \_\_\_\_\_ DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Email: \_\_\_\_\_

**For Office Use Only:** Date Received: \_\_\_\_\_

Revised 1/1/2018