Received by (office use only):_____

OUT OF BUSINESS FORM

This form must be completed if you are no longer conducting business within the City of Portsmouth. Failure to file this form with the Commissioner of the Revenue after closing your business may result in legal action, including court summonses, fines, and penalties.

Applicant's Name: _____

Legal Name of Business: _____

Trade Name: _____

Business Address: _____

Business License Number: _____ Tangible Account Number: _____

Trustee Account Number: _____ **Date Business Ceased**: _____

Please refund unused portion of license to address listed below (*min. $50.00 license nonrefundable*)

Address: _____ City: _____ State: _____

Zip: _____

_____ _____ _____

Signature of Applicant **Date** **Title**

_____

Print Name

Witness Statement:

The foregoing information was acknowledged before me this _____ day of _____,
(Date) **(Month)**

_____ by _____.
(Year) **(Name of company/person seeking acknowledgement)**

_____, Deputy Commissioner of the Revenue.
(Signature)

Franklin D. Edmondson, MCR • Commissioner of the Revenue
Office of the Commissioner of the Revenue
801 Crawford Street • Portsmouth, VA 23704-3870 • (757) 393-8771 • Fax: (757) 393-8604