



# City of Alexandria Cessation of Business Form

## Business Tax

City Hall - Room 1700  
P.O. Box 178, Alexandria, VA 22313  
703.746.3903  
alexandriava.gov

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Ownership Type:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sole Proprietorship	Partnership	Limited Liability Company	Corporation

(Check Appropriate Box)

Business Trade Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Or Social Security #: \_\_\_\_\_

Business Location: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Current Mailing Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Business Telephone Number: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Business Ceased: \_\_\_\_\_

2009 Actual Gross Receipts Earned: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(An original signature of owner or authorized corporate representative is required.)