



City of Alexandria, Virginia
Cessation of Business Form
 City Hall – Room 1700
 P.O. Box 178, Alexandria, VA 22313
 703.746.3903
 Alexandria.gov/BusinessTax

Owner's Name: _____

Owner's Address: _____
 (Street) (Suite or Apt #)

 (City) (State) (Zip Code)

Ownership Type:
 (Check Appropriate Box)
 Sole Proprietorship Corporation Limited Liability Company S Corp Partnership

Business Trade Name: _____

Federal Identification Number: _____ **Social Security Number:** _____

Business Location: _____
 (Street) (Suite or Apt#)

 (City) (State) (Zip Code)

Current Mailing Address: _____
 (Street) (Suite or Apt#)

 (City) (State) (Zip Code)

Business Telephone # (____) _____ - _____ **Fax #** (____) _____ - _____

Business Email Address: _____

Date Business Ceased in Alexandria: ____/____/____

Business Tax Account Number(s): _____

Prior Year Actual Gross Receipts: _____

Reason:
 Moved Out Inactive Sold Terminated
 Other: _____

Signature: _____ **Date:** _____
 (An original signature of owner or authorized corporate representative is required.)