



BUSINESS REGISTRATION CHANGE REQUEST

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 COMMISSIONER OF REVENUE
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 NEW KENT, VIRGINIA 23124
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BUSINESS IDENTIFICATION INFORMATION

Business License #		FED ID/SSN	
Registered Owner			
Registered Trade Name			

INSTRUCTIONS

For sections 1 - 3, complete only if applicable. Attach additional paper if more space is needed.

Section 1 CHANGE OF CONTACT OR BUSINESS NAME

Include copies of documentation of legal name change from the State Corporation Commission with this form.

New Business Name	
New Contact Name	
New Phone and Email	

Section 2 CHANGE IN MAILING ADDRESS

New Mailing Address	
City, State, Zip	

Section 3 CHANGE IN PHYSICAL LOCATION

If business is still located in New Kent, include a copy of the Certificate of Zoning approval for new location with this form.

New Physical Location						
Effective Date of Move		Located in New Kent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
For office use only - New Zoning Permit:		Date:				

Section 4 BUSINESS CLOSED/NO LONGER OPERATING

COMPLETE BUSINESS CLOSURE FORM

CERTIFICATION - OWNER/OFFICER

I declare the statements submitted on this return are true, full and correct to the best of my knowledge and belief.

Signature of Owner/Officer	Printed Name & Title of Officer Signing Return	Date
Phone of Owner/Officer	Email of Owner/Officer	

For Office Use Only

Date received:	Additional follow up required? YES NO
Processed by:	Date: