

TOWN OF LEESBURG DEPARTMENT OF FINANCE & ADMINISTRATIVE SERVICES

25 West Market Street • Leesburg, Virginia 20176 • 703-771-2723 • FAX 703-771-2799 • www.leesburgva.gov

Closing Business Application

Business Information		
Business Name		
.ccount #Fed ID		
Business Location Address		
Date Business Closed		
Reason for Business Closure (Select Reason)		
Ceased all business activity-no longer conduct any business activity		
Sold Business		
Closed location-Business no longer in the Town of Leesburg/ Moved out		
New Mailing Address:		
Properties Transferred: _	NOYES	
If Yes, New Owner		
Other (please specify):		
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Business Closure Certification		
I, hereby certify that I am NOT doing business at the above		
location address and declare, under penalty of perjury, that I am authorized to complete this application. To the best of my knowledge and belief, the provided information is true and		
correct.	wreage and bener, the provide	ad information is true and
correct.		
Signature	Print name	 Date
Email Address		Phone #
For Office Use Only		
Date Received Additional investigation required? (Choose one) Y N		
Date account deactivated Staff that processed		
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Please mail completed form to:	Town of Leesburg	
_	25 West Market Street	
	Leesburg, Virginia 20176	
Or you may email to:	BL@LeesburgVA.gov	