



TOWN OF OCCOQUAN

314 Mill Street, PO Box 195
 Occoquan, Virginia 22125
 (703) 491-1918

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The information provided on this form is confidential under VA Code § 58.1-3.

BUSINESS CLOSURE FORM

Use this form only if a business operating in the Town of Occoquan has stopped operations permanently or moved out of the Town of Occoquan to a different jurisdiction. A separate form is needed for each closed location. Filing this form does not fulfill your obligation to also file any and all applicable documentation with Prince William County and the Commonwealth of Virginia about the closure of your business.

SECTION 1: Business Information	
Business Trade Name (DBA):	Business Entity Name:
Federal I.D. Number <i>(For Sole Proprietors and Single-Member LLCs, provide Social Security Number):</i> <small>*Providing a SSN is voluntary. The Town uses SSN's for the Set-off Debt Collection Act, Va. Code § 58.1-521.</small>	Business Location Type: <input type="checkbox"/> Home Based <input type="checkbox"/> Commercial
Closure Date in Town of Occoquan:	Start Date in Town of Occoquan:
Business Address/Location <i>(Include P.O. Box):</i>	
Forwarding Address:	
Business Phone:	Business Email:
Business Owner Name(s) and Title(s): _____, _____ <small>*If the business is organized as a limited partnership, name the general partner.</small>	
SECTION 2: Reason for Closure	
<input type="checkbox"/> Ceased all business activities	<input type="checkbox"/> Closed location in Town of Occoquan
<input type="checkbox"/> Sold business	<input type="checkbox"/> Other: _____
SECTION 3: Authorized Signature	
It is a Class 1 misdemeanor for any person to intentionally submit an application that they do not believe to be true and correct as to every material matter (VA Code §58.1-11). Businesses are subject to audit by the Town of Occoquan pursuant to VA Code §58.1-3109. I hereby certify that I am not conducting any business at the above business location address and declare under penalty and perjury, that I am authorized to complete this application. To the best of my knowledge and belief, the provided information is true and correct.	
Authorized Name (Please Print) _____	Authorized Signature _____
	Date _____

FOR TOWN USE ONLY	
Submission Date:	Employee Signature: _____
Comments/ Conditions:	