



KING WILLIAM COUNTY  
COMMISSIONER OF THE REVENUE  
BUSINESS CLOSURE FORM

Sally W. Pearson  
Commissioner of the Revenue  
Phone: 804-769-4941  
Fax: 804-769-4902  
Email: [spearson@kingwilliamcounty.us](mailto:spearson@kingwilliamcounty.us)

The Business Closure form is used when a business operating in King William County has ceased operations permanently or has ceased operations in King William and moved to a different jurisdiction. Complete the form as it applies to the changes in your business. Be sure to include the status of any assets.

If you have any questions about this form, you can reach the office by telephone at 804-769-4942 or by email to [shayden@kingwilliamcounty.us](mailto:shayden@kingwilliamcounty.us). Responses can be mailed, emailed, or faxed.

Account #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_

Is the business closed? (Please circle) Yes / No If yes, close date: \_\_\_\_\_

Did the business close and move to another jurisdiction? Yes / No If yes, move date: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Status of Assets**

Disposed of? Yes / No If yes, disposal date: \_\_\_\_\_

Sold? Yes / No If yes, sold date: \_\_\_\_\_

Moved to another locality/state? Yes / No If yes, locality/state: \_\_\_\_\_

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

Personal Use? Yes / No If yes, date: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_