Business Form

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.)