



MONTGOMERY COUNTY, VIRGINIA

Helen P. Royal, Master Commissioner of the Revenue
755 Roanoke St, Suite 1A, Christiansburg, VA 24073
Business Personal Property Division

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BUSINESS REGISTRATION INFORMATION CHANGE REQUEST

This form is to be used when making changes to your business registration information. **NOTE:** If there has been a change in ownership and you are the new owner, do not complete this form. You must register using the business registration form. Please email, fax or mail this form to the office at the above listed addresses or fax number.

Federal Employer ID (FEIN) _____

NAME, CONTACT AND/OR ADDRESS CHANGE(S) - Complete the information in both columns.

| | | |
|--------------------------|---------------------|-------------------------|
| <input type="checkbox"/> | Name Change | |
| | LEGAL BUSINESS NAME | NEW LEGAL BUSINESS NAME |
| | TRADING-AS NAME | NEW TRADING-AS NAME |

| | | |
|--------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> | Contact Phone Number Change | |
| | CONTACT PHONE NUMBER | NEW CONTACT PHONE NUMBER |

| | | |
|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | Change In Physical Business Location | Effective Date _____ |
| | PHYSICAL STREET ADDRESS | NEW PHYSICAL STREET ADDRESS |
| | CITY, STATE, ZIP | CITY, STATE, ZIP |

| | | |
|--------------------------|----------------------------------|---------------------|
| <input type="checkbox"/> | Change In Mailing Address | |
| | MAILING ADDRESS | NEW MAILING ADDRESS |
| | CITY, STATE, ZIP | CITY, STATE, ZIP |

| | | |
|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | BUSINESS CLOSED, NO LONGER OPERATING | Effective Date _____ |
|--------------------------|---|-----------------------------|

The Notification of Business Closing form must also be completed and returned to the Commissioner of the Revenue Office.

Declaration: *I hereby declare, under penalty of perjury, that the statements made herein are true, complete and correct to the best of my knowledge and belief and that I am the owner or a member, partner, executive officer or other person specifically authorized in writing to sign.*

SIGNATURE OF AUTHORIZED PERSON: _____

PRINT NAME: _____

TITLE OR CAPACITY FOR SIGNING: _____

DATE: _____

EMAIL ADDRESS: _____