



Town of Luray
Office of the Treasurer
P.O. Box 629
Luray, Virginia 22835
(540) 743-5511
(540) 743-1486 (fax)

BUSINESS CLOSURE NOTIFICATION

Name of Business: _____

Business Owner: _____

Business Location: _____

Business Mailing Address: _____

Business Account No.: _____

Meals/Lodging Account No.: _____

Date Business Closed: _____

The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the business to sign documents.

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(s): _____

Printed Name(s): _____

Date: _____

Phone Number: _____