



TIFFANY M. BOYLE
Commissioner of the Revenue

Commissioner of the Revenue City of Newport News, Virginia CHANGE OF ADDRESS



VALERIE Y. GAINS
Chief Deputy

CHANGE OF ADDRESS

FULL BUSINESS NAME: _____

TRADE NAME: _____

OWNERSHIP TYPE: (Check One)

Sole Proprietor
Corporation

Partnership
 Other (Specify): _____

Limited Liability Corporation

Please check all Newport News city tax account records for which you are requesting an address change. Failure to provide this information could result in your account(s) not being accurately updated.

Business License Tax

Food and Beverage Tax

Business Personal Property Tax

Transient Room Tax

Machinery & Tools Tax

Admissions Tax

Daily Rental Tax

If the business moved from Newport News to outside of the city, you are required to complete the Business Closings section on the reverse side of this form. If you need assistance, please contact the Business License Department at (757) 926-8651.

Old Business Location Address:

New Business Location Address:

Address

Address

Address

Address

City State Zip Code

City State Zip Code

Old Mailing Address:

New Mailing Address:

Address

Address

Address

Address

City State Zip Code

City State Zip Code

New Business Phone: (____) _____

New Business Fax: (____) _____

Name & Title of Owner / Authorized Agent (Please Print): _____

Signature of Owner / Authorized Agent: _____ DATE: _____

OFFICE USE ONLY

(Do not write below this line)

Dept. forwarded to: _____

New Zone: _____ Pending: _____ Processed: _____ Verified: _____ Filed: _____