Lois B. Jacob
Commissioner of the Revenue

City of Fredericksburg
715 Princess Anne Street
P. O. Box 644
Fredericksburg, VA 22404-0644
Telephone: 540 372-1004
Fax: 540 372-1197

Amendment to Business License

Business FEIN or Business License Account No._____

Type of Change ☐ Address ☐ Trade Name
☐ Ownership ☐ Other

Effective Date:_____

CURRENT INFORMATION

Owner_____
Trade Name_____
Mailing Address_____
Business Location_____
Phone _____Business Classification_____
Signature of Owner_____ Title_____ Date_____
Print Name of Owner_____ Fed ID# or SSN#_____

REVISED INFORMATION

Owner_____
Trade Name_____
Mailing Address_____
Business Location_____
Phone_____ Business Classification_____
Signature of Owner_____ Title_____ Date_____
Print Name of Owner_____ Fed ID# or SSN#_____

Business closed effective:_____ Premises vacated effective:_____

For Official Use Only

☐ Zoning Approval or Waiver Required
Required for change of address or reclassification.

☐ Occupancy Permit or Waiver Required
Required for change of address or reclassification

☐ Clerk of Circuit Court
Re-registration of fictitious name ($10.00)

☐ New Corporation
Copy of corporate charter issued by the Virginia State Corporation Commissioner and list of officers and address are required.

☐ Transfer of Ownership
New owner liable for previously reported gross receipts and tax due of old owner and must provide those records at time of audit.

☐ Change to Partnership
Required: Certification from State Corporation Commission if limited partnership.

☐ Commissioner of the Revenue
Trustee tax for food, lodging, et cetera.

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Deputy