

**PITTSYLVANIA COUNTY MEALS TAX NOTICE OF CLOSURE/SALE/CORRECTION**



**PITTSYLVANIA COUNTY**  
**Shirley Y. Hammock**  
**COMMISSIONER OF THE REVENUE**  
**PO BOX 272 CHATHAM, VIRGINIA 24531**

Account \_\_\_\_\_  
(To Be Assigned By Office)

Business Name/and or Owner's Name:

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

If business entity is a corporation, please indicate legal name and corporation officer(s) below and return to the address above: (please print)

Corporation Name: \_\_\_\_\_

Officer(s): \_\_\_\_\_

\_\_\_\_\_

If business closed or sold please file the following with the Commissioner of the Revenue Office within 10 days of change:

Date closed: \_\_\_\_\_ Date sold: \_\_\_\_\_

If sold, name of new owner: \_\_\_\_\_

Address of new owner: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION SHOWN ON THIS FORM IS CORRECT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_