



City of Manassas
OFFICE OF THE COMMISSIONER OF THE REVENUE
9027 Center Street P O Box 125
Manassas, VA 20110

Phone: (703) 257-8214 Fax (703) 257-5344

NOTICE TO CEASE TO CARRY ON BUSINESS IN THE CITY OF MANASSAS

Name of Business _____

Business Location _____

I Certify that the above Named Business Ceased Business in the City of Manassas on

_____ (Date)

Forwarding Address _____

Reason for cease (circle one): **Moved** **Closed** **Sold**

Signature of Authorized Person

Printed Name

Title

Date

Phone Number