



ACCOUNT # \_\_\_\_\_

# CITY OF NEWPORT NEWS, VIRGINIA

*Commissioner of the Revenue*

## CHANGE OF ADDRESS

FULL BUSINESS NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

OWNERSHIP TYPE:

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: \_\_\_\_\_