



# CITY OF WILLIAMSBURG

Lara M. S. Overy, Commissioner of the Revenue  
P.O. Box 245, Williamsburg, Virginia 23185  
Phone & Fax: (757) 220-6150

## CERTIFICATE OF BUSINESS UNDER ASSUMED NAME

In accordance with the requirements set forth in Section 59.1-69, Code of Virginia, I \_\_\_\_\_  
\_\_\_\_\_ do hereby certify and set forth the following required information.

1. **ASSUMED NAME OF BUSINESS AND LOCATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **TRUE LEGAL NAME OF OWNER AND ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESS** the following signature(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**STATE OF VIRGINIA**

**CITY/COUNTY** of \_\_\_\_\_, **TO WIT:** The foregoing Certificate  
of Business Under Assumed Name was acknowledged before me by \_\_\_\_\_,  
owner of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires: \_\_\_\_\_

NOTARY PUBLIC