



Philip J. Kellam
Commissioner

Commissioner of the Revenue

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www.vbgov.com/cor

2022 Business License Renewal

T/A

LICENSE BEGINS		LICENSE ENDS		LICENSE #		ACCOUNT #	
01/01/2022		12/31/2022					
NAICS	License Rate/Description	Gross Receipts/Purchases	Tax/Fee	Penalty	Interest		

FILE & PAY ONLINE: VBGOV.COM/COR
 Make checks payable to **City of Virginia Beach**.
 Payments received after March 1, 2022 are subject to penalty and interest.

Tax Due:	_____
Penalty:	_____
Previous Balance Due:	_____
Total Amount Due:	_____
Payment Amount:	_____
Total:	_____

Please complete:

FEDERAL ID or SOCIAL SECURITY NUMBER: _____

DPOR Number & Expiration Date (if applicable)
for contractors, architects, and engineers: _____

By completing this form, I so swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

LICENSE RENEWAL INSTRUCTIONS

Payments are due on or before March 1, 2022. The 2022 license year is January 1 through December 31, 2022. The 2022 license tax is based on:

- Gross receipts (gross purchases for wholesale businesses) for business from January 1 through December 31, 2021
- Estimated gross receipts for calendar year 2022 if business operation commenced after January 1, 2021
- A flat rate, if previously qualified by the Commissioner of the Revenue

"Gross Receipts" means the whole, entire, total amount of money or other consideration received by the taxpayer as a result of transactions with others.

BUSINESS UPDATES

The NAME of the CORPORATION, LLC, PARTNERSHIP, or SOLE PROPRIETORSHIP is:

Trade Name: _____

Mailing Address: _____

Business Address: _____

Phone #: _____ Fax #: _____ Email: _____

The NAME(S) and HOME ADDRESS(ES) of the DIRECTOR(S), OFFICER(S), MEMBER(S) or PARTNER(S) are:

Name:	_____	<input type="checkbox"/> Director	<input type="checkbox"/> President	<input type="checkbox"/> Member	<input type="checkbox"/> Partner
Address:	_____				

Name:	_____	<input type="checkbox"/> Director	<input type="checkbox"/> President	<input type="checkbox"/> Member	<input type="checkbox"/> Partner
Address:	_____				

Name:	_____	<input type="checkbox"/> Director	<input type="checkbox"/> President	<input type="checkbox"/> Member	<input type="checkbox"/> Partner
Address:	_____				

The REGISTERED AGENT and OFFICE ADDRESS is:

Name:	_____
Address:	_____

OUT OF BUSINESS

In the event you are no longer in business, please update your mailing address in the business updates section, complete the following information, and return this form.

License #: _____

Out of business date: _____

Reason for closure: _____

Signature: _____

FOR OFFICE USE ONLY:

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