



Philip J. Kellam  
Commissioner

# Commissioner of the Revenue

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www.vbgov.com/cor

## 2023 Business License Renewal

T/A

LICENSE BEGINS		LICENSE ENDS		LICENSE #		ACCOUNT #	
01/01/2023		12/31/2023					
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, 2023 are subject to penalty and interest.

Tax Due:	
Penalty:	
Previous Balance Due:	\$0.00
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, 2023. The 2023 license year is January 1 through December 31, 2023. The 2023 license tax is based on:

- Gross receipts (gross purchases for wholesale businesses) for business from January 1 through December 31, 2022
- Estimated gross receipts for calendar year 2023 if business operation commenced after January 1, 2022
- 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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