



Philip J. Kellam
Commissioner of the Revenue
City of Virginia Beach 2018 Business License Renewal



SIC	RATE DESCRIPTION	GROSS RECEIPTS	TAX	AMOUNT PAID

RETURN WITH PAYMENT BY MARCH 1, 2018			CHECKS MADE PAYABLE TO: City of Virginia Beach	
INTEREST DUE	PENALTY DUE	AMOUNT DUE	AMOUNT PAID	TOTAL DUE
2015 OWE (CREDIT)	2016 OWE (CREDIT)	2017 OWE (CREDIT)	Please include any prior amounts due with your payment.	

Please direct questions to the Commissioner of the Revenue at
757.385.4515 or business@VBgov.com.

LICENSE RENEWAL INSTRUCTIONS

Payments are due on or before March 1, 2018. The 2018 license year is January 1 through December 31, 2018. The 2018 license tax is based on:

Gross receipts (gross purchases for wholesale businesses) for business from January 1 through December 31, 2017.

Estimated gross receipts for calendar year 2018 if business operation commenced after January 1, 2017.

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

Payments received after March 1, 2018, are subject to penalty and interest.

Have you closed or sold your business, please notify the commissioner's office in writing of the date closed or sold; the new owner; and your current physical and mailing addresses. **

Please complete the business updates on the reverse of this form. ***

* - This information is required under Chapter 18, Section 2 of the Code of Virginia Beach and Title 58.1-3700 et. seq. of the Code of Virginia.
** - This information is required under Chapter 18, Section 26 of the Code of Virginia Beach and Title 58.1-3700 et. seq. of the Code of Virginia.
*** - This information is required under Chapter 18, Section 5 of the Code of Virginia Beach and Title 58.1-3700 et. seq. of the Code of Virginia.

BUSINESS UPDATES
(Include attachments if more space is necessary.)

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(S) of the DIRECTOR(S), OFFICER(S), MEMBER(S) or PARTNER(S) are:

Director President Member Partner:

Name: _____

Address: _____

Director President Member Partner:

Name: _____

Address: _____

Director President Member Partner:

Name: _____

Address: _____

Director President Member Partner:

Name: _____

Address: _____

The REGISTERED AGENT and OFFICE ADDRESS is:

FEDERAL ID or SOCIAL SECURITY NUMBER:

Are you a United States Citizen? YES NO

If NO, please attach citizenship documentation that allows you to work in the United States.

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

Signature: _____

Print: _____

Title: _____ Date: _____

Thank you for your cooperation.

BL 002-00002-411201

OFFICIAL USE ONLY:

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