



Commissioner of the Revenue



City Hall
Virginia Beach, VA 23456-9002

Philip J. Kellam
Commissioner

BUSINESS LICENSE APPLICATION

VBgov.com/cor

ACCOUNT NUMBER: _____

**THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS
PHOTO IDENTIFICATION IS REQUIRED FOR ALL APPLICANTS.**

BEGIN DATE _____, 20 _____ EXPIRES: DECEMBER 31, 20 _____ SSN (OR) EIN: _____

INDICATE APPLICANT TYPE: INDIVIDUAL PARTNERSHIP CORPORATION LLC

APPLICANT NAME: _____ Is the applicant a U.S. Citizen? Yes No

BUSINESS ENTITY NAME: _____

INTENDED BUSINESS NAME (TRADE NAME): _____

MAILING ADDRESS: _____

BUSINESS ADDRESS (PHYSICAL LOCATION): _____

TELEPHONE: _____ FAX: _____ E – MAIL ADDRESS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE:

Do you have any other business entities currently licensed in Virginia? Yes No If yes, please list the owner entity name, trade name and locality:

Briefly describe your prospective customers: individuals other businesses government other: _____

Briefly describe the nature of your compensation: fees commissions product sales other: _____

Will you use any licensed vehicles in your line of business? Yes No; If yes, provide number of vehicles: ____ Indicate percentage of business use: ____

Will you be conducting this business from your home? Yes No

If yes, submit Restrictions for Use of Home Form with application. Submitted If no, submit Fire Code Permit Form with application. Submitted

Provide a detailed description of business activity: _____

Provide an estimate of gross receipts between beginning date of business and December 31: _____

FOR OFFICE USE ONLY – BUSINESS LICENSE

BUSINESS CLASSIFICATION	NAICS #	BASIS*	TAX	TOTAL**
Trade Name Registered? Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> Already registered <input type="checkbox"/>	-0000	* Basis is total gross receipts		** Penalty & interest is applied in accordance with state and city codes

The Virginia Beach City Code Section 18-21 requires the Department of Planning to regulate business activities in accordance with the city's zoning ordinance. The Department of Planning is located in Building 2, Room 100.

Zoning approval by: _____

Date approved: _____

FOR OFFICE USE ONLY – OTHER STATE/CITY REGULATIONS (BASED UPON BUSINESS ACTIVITY)

AGENCY	LOCATION	REGULATED AREA AND CORRESPONDING CODE		REQUIREMENT	INITIAL
Agriculture	1444 Diamond Springs Rd	Home Bakery/Equipment	<input type="checkbox"/>	Referral to Dept. of Agriculture	
City Attorney	City Hall 2 nd Floor	Equipment Rental (18-22.1/18-60) Confection Peddler (13-48)	<input type="checkbox"/> <input type="checkbox"/>	Valid Insurance Policy Valid Insurance Policy	
Clerk of the Circuit Court	Building 10 B	Trade Name Registration (59.1-69)	<input type="checkbox"/>	Proper Identification	
Commissioner of the Revenue	City Hall, 1 st Floor	Alcohol Beverage Control (18-49 c) Fats, Oils & Grease Form Massage Therapists (18.5-2) State Contractors License (54.1111) Workman's Compensation (58.1-374)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proof of License Form Completed State Certificate License, Certification or Affidavit Form Completed by Contractor	
Criminal Justice Services	Richmond	Detective / Security Services (18-77) Bondsmen (18-65)	<input type="checkbox"/> <input type="checkbox"/>	Proof of License Proof of License	
Environmental Health	4452 Corporation Lane	Prepared Foods Body Piercing (18-64.1) Tanning Booth/Beauty or Barber Shop/Nail Salon (18-56) Tattoos or Permanent Make-up (18-104.2)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Health Dept. Application Annual Permit Annual Permit Annual Permit	
Police Department	Building 11, Room 150	Billiards/Pool (18-62) Book & Magazine Agents (18-47) (26-31) Taxicabs (36-114) (18-105) Solicitor/Peddlers (26-26) (18-95) Pawnbrokers (18-76.1 & 18-92) Second-Hand Dealer (18-32 & 18-86)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Police Permit Police Permit & Bond Inspection Police Permit Police Permit Police Permit	
Risk Management	Building 22	Towing Operators Insurance (18.55.1)	<input type="checkbox"/>	Valid Insurance Policy	
Treasurer	City Hall, 1 st Floor	Carnivals (18-68 a) Coin Machine Operators (18-72)	<input type="checkbox"/> <input type="checkbox"/>	Bond Bond	
VDACS	Richmond	Health Spas/Fitness Centers (59.1-296.1)	<input type="checkbox"/>	Proof of Registration	

FOR OFFICE USE ONLY – TRUSTEE

- Meals Cigarette Lodging Utility Service
 Admissions Daily Rental Lodging (Flat) Utility Consumption
 Participatory Sport Heavy Equipment Rental Sandbridge SSD Water (Commercial/Residential)
 Sandbridge SSD (Flat)

Is this business seasonal? Yes No If yes, what months does the business operate? _____ Trustee account added by: _____
 Responsible party for trustee tax: _____ Contact Number: _____

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

Registered Agent for Business _____ Address _____
 Accountant's Name _____ Address _____

Please read and sign the statement below. Signature must be owner of business, an officer of the Corporation or member of the Limited Liability Company.
I, the undersigned, so swear (or affirm) that the forgoing figures and statements are true, full and correct to the best of my knowledge.

Print Name Sign Name Title Date

Notary Signature (if applying by mail) Commission Expires Date Date Acknowledged & Sworn

Signature of Deputy Date