



# Commissioner of the Revenue



City Hall  
Virginia Beach, VA 23456-9002

Philip J. Kellam  
Commissioner

VBgov.com/cor

## Application for Exempt Organization Status

For period beginning \_\_\_\_\_, \_\_\_\_\_ this designation expires \_\_\_\_\_

**I am submitting this application for a:**  Nonprofit Organization  Charitable Nonprofit Organization  
**I have attached the organizations:**  Articles of Incorporation  Corporate Charter  IRS Determination  
 VA Dept. of Agriculture & Consumer Services registration  990 & 990t tax forms  Income/Financial Statements

(Applicant Name - Corporation)	(Federal Tax ID#)
(Mailing Address)	(Business Address)
(City, State and Zip Code)	(City, State and Zip Code)
(Trade Name - DBA)	(Telephone -Facsimile - Email Address)

- Are other businesses operating from the location listed above? (Example: a nursing home may have a beauty shop or a bookstore that may require a license) **NO**  **YES**  *If yes, please provide the trade name(s) and contact numbers and submit as attachment #1.*
- Is any of the equipment in the location listed above leased? **NO**  **YES**  *If yes, please provide a list of the equipment and the name of the respective leasing company and submit as attachment #2.*
- Is a charge imposed on persons admitted to the organization's events? **NO**  **YES**
- Are expenses deducted from the gross receipts prior to applying the proceeds to a charitable purpose? (Example: an independent choral group's paid performance for a nonprofit/charitable nonprofit organizations fund raising event) **NO**  **YES**  *If yes, please provide the name, address, and contact numbers of all entities paid out of the gross receipts and submit as attachment #4.*
- Does the organization operate a concession selling refreshments, service or merchandise at the organization's events? **NO**  **YES**  Are any concessions at the organization's events sub-contracted? **NO**  **YES**  *If yes, please provide the name, address, and contact numbers of all sub-contracted concessioners and submit as attachment #5.*
- Do you have any contract employees paid by 1099's? **NO**  **YES**  *If yes, please provide the name, home address and contact numbers for each and submit as attachment #6.*
- Please provide a detail description of your activities: \_\_\_\_\_

**Oath: I, the undersigned, do swear (or affirm) that the forgoing figures and statements are true, full and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Acknowledged by Deputy: \_\_\_\_\_

Zoning: \_\_\_\_\_ Date: \_\_\_\_\_