



# Commissioner of the Revenue



City Hall  
Virginia Beach, VA 23456-9002

Philip J. Kellam  
Commissioner

## REGISTRATION FOR BUSINESS PROPERTY

VBgov.com/cor

ACCOUNT NUMBER:

### THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

BEGIN DATE \_\_\_\_\_, 20 \_\_\_\_\_  SSN (OR)  FEDERAL ID: \_\_\_\_\_

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 name and trade name in the space below:

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: \_\_\_\_\_

Provide a detailed description of business activity: \_\_\_\_\_

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

### FOR OFFICE USE ONLY – BUSINESS PROPERTY

BUSINESS CLASSIFICATION:	NAICS #

Signature of Deputy Date