



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: _____

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 _____