



Application for Business, Professional and Occupational License

COMMISSIONER OF THE REVENUE JAMES CITY COUNTY, VIRGINIA

TYPE OF OWNERSHIP (CHECK ONE) INDIVIDUAL PARTNERSHIP CORPORATION LLC

LEGAL BUSINESS NAME

INDIVIDUAL (YOUR NAME) _____ S.S.# _____

CORPORATION _____ FED ID # _____

*****CORPORATIONS MUST ATTACH A COPY OF SCC REGISTRATION CERTIFICATE*****

PARTNERSHIP _____ FED ID # _____

TRADE NAME *** _____

***Sections 59.1-69 through 76 of the State Code require that any person, Partnership, or Corporation transacting business under an assumed name shall sign a certificate giving the name which such business is to be conducted and the names of each person owning the same with their respective post office and residence address. The certificate **MUST** be filed in the office of the Clerk of the Circuit Court in the County wherein the business is to be conducted. **NO LICENSE WILL BE ISSUED** by the Commissioner of the Revenue until the certificate has been made and filed in the Clerk's Office and evidence of same is produced before him.

MAILING ADDRESS _____

LOCATION ADDRESS _____

BUSINESS PHONE (_____) _____ CELL PHONE (_____) _____

FAX NUMBER (_____) _____ PAGER (_____) _____

PRINCIPAL BUSINESS ACTIVITY _____

DATE BUSINESS STARTED IN JAMES CITY COUNTY _____

ESTIMATED GROSS RECEIPTS (START DATE THROUGH DECEMBER 31) _____

DEPT. OF PROFESSIONAL AND OCCUPATIONAL REGULATION LICENSE TYPE & NUMBER _____

LIST THE OWNER, PARTNERS, OFFICERS, OR OTHERWISE RESPONSIBLE PARTY OF THE CORPORATION OR PARTNERSHIP:

<u>NAME AND TITLE</u>	<u>HOME ADDRESS</u>	<u>S.S.#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION: I DECLARE THAT THE STATEMENTS AND FIGURES HEREON ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM AUTHORIZED TO FILE THIS DOCUMENT ON BEHALF OF THE ABOVE NAMED BUSINESS. I ALSO AFFIRM THAT I AM A LEGAL RESIDENT OF THE USA.

SIGNATURE _____ TITLE _____

PRINTED NAME _____ DATE _____

NOTE: ALL JAMES CITY COUNTY BUSINESS LICENSES EXPIRE ON DECEMBER 31 OF EACH YEAR. ANY CHANGES IN THIS APPLICATION (SUCH AS AN INDIVIDUAL CHANGING TO A CORPORATION), PLEASE NOTIFY THE BUSINESS LICENSE INSPECTOR IMMEDIATELY.

PLEASE MAIL THIS FORM TO: BUSINESS LICENSE INSPECTOR
COMMISSIONER OF REVENUE
P.O. BOX 283
WILLIAMSBURG, VA 23187-0283

FOR OFFICE USE ONLY
*I.D. CONFIRMATION
SOURCE _____
