

CITY OF HARRISONBURG BUSINESS LICENSE APPLICATION

June W. Hosaflook, Commissioner of the Revenue
 345 South Main St - P O Box 20031 - Harrisonburg Va 22801-7531
 (540) 432-7704 - FAX (540) 432-7781 - EMAIL deannas@harrisonburgva.gov

U.S. CITIZEN _____ YES _____ NO _____

IF NO, legal status verified by _____ (attached)

TAX ID REQUIRED

Individual SSN	
Partnership FEIN	
Corporation FEIN	

APPLICANT NAME(S) _____

TRADE NAME _____

BUSINESS PHONE NUMBER _____

BUSINESS ADDRESS _____

MAILING/BILLING ADDRESS _____

CITY - STATE - ZIP CODE _____

CITY - STATE - ZIPCODE _____

CONTACT NAME _____

HOME OFFICE OR OTHER PHONE NUMBER _____

TYPE OF BUSINESS/PROFESSION _____

HARRISONBURG STARTING DATE _____

PLEASE SELECT BUSINESS TYPE AND ESTIMATE OR DECLARE TOTAL GROSS RECEIPTS TO END OF YEAR

- | | | |
|--|------|----|
| <input type="checkbox"/> RETAIL | CODE | \$ |
| <input type="checkbox"/> PROFESSIONAL OCCUPATIONS | CODE | |
| <input type="checkbox"/> CONTRACTORS/DEVELOPERS Va. Class: <u>A</u> <u>B</u> <u>C</u> Reg. # _____ | CODE | |
| <i>**** Out-of-town contractor, please provide job site location(s):</i> _____ | | |
| <input type="checkbox"/> PERSONAL/BUSINESS SERVICE | CODE | |
| <input type="checkbox"/> WHOLESALE MERCHANTS | CODE | |
| <input type="checkbox"/> OTHER BUSINESS OR ADDITIONAL ACTIVITY | CODE | |

RESTAURANT (additional fees) BEER: \$ _____

SEATING CAPACITY: BEER/WINE: _____

PLEASE LIST ANY OTHER BUSINESS ACTIVITIES HERE: MIXED BEVERAGES: _____

_____ \$ _____

(If applicable) PENALTY \$ _____

(If applicable) INTEREST \$ _____

TOTAL DUE \$ _____

This questionnaire must be sent to the Commissioner of the Revenue in time for an invoice to be issued and payment received by due date. If renewing your business license, the due date is MARCH 1. If a new business, license must be paid prior to beginning business. 10% of the tax due will be charged to all late licenses.

I HEREBY SWEAR (OR AFFIRM) THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE