REQUEST FOR BUSINESS INFORMATION

Commissioner of the Revenue City
of Charlottesville
605 East Main Street, Room A-130
Charlottesville VA 22902
Phone: (434) 970-3170
www.charlottesville.org/COR

☐ Business is already licensed in Charlottesville. Account #: _____

☐ Business is located and taxed in another locality. Locality Name: _____

SECTION 1	**BUSINESS INFORMATION**		
LEGAL NAME OF BUSINESS	ASSUMED / FICTITIOUS / TRADE NAME		
CHARLOTTESVILLE LOCATION ADDRESS	BUSINESS START DATE	SSN/FEIN	
LEGAL STRUCTURE OF BUSINESS ENTITY	TYPE OF BUSINESS LOCATION ☐ Commercial ☐ Home based ☐ Peddler ☐ Out of city ☐ Other _____		
MAILING ADDRESS	CITY	STATE	ZIP
PRIMARY OFFICER / MEMBER / TITLE	PHONE	E-MAIL	
SECONDARY OFFICER / MEMBER / TITLE	PHONE	E-MAIL	

SECTION 2 **BUSINESS ACTIVITY & TAXES**

A. BUSINESS DESCRIPTION (USE EXTRA ROWS IF ENGAGED IN MULTIPLE ACTIVITIES)	**B.** 2016 ACTUAL GROSS RECEIPTS	**C.** 2017 ACTUAL GROSS RECEIPTS	**D.** 2018 ACTUAL GROSS RECEIPTS	**E.** 2019 ANTICIPATED GROSS RECEIPTS (*ONLY IF YOU STARTED BUSINESS IN 2018 OR LATER*)
a.				
b.				
c.				
d.				
e.				

OATH: I DECLARE THAT THE FOREGOING FIGURES AND INFORMATION ARE TRUE, FULL, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF PREPARER	DATE
PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING	PHONE NUMBER

OFFICE USE ONLY

		RECEIPT DATE	PROCESS DATE	PROCESSED BY