



NANCY J HORN
 COMMISSIONER OF THE REVENUE
 COUNTY OF ROANOKE
 PO BOX 20409 ROANOKE, VA 24018-0513
 TEL:(540)772-2050 FAX:(540)772-2015

Acct ID: _____

Ref# _____

Ref# _____

BUSINESS LICENSE APPLICATION

(CIRCLE ALL APPLICABLE)

ADDRESS CHANGE NEW ACCOUNT NAME/ENTITY CHANGE
 CORPORATION LLC SOLE PROPRIETER PARTNERSHIP

BUSINESS ADDRESS: _____

DBA/FICTITIOUS NAME: _____

BUSINESS OWNER: _____

OWNER MAILING ADDRESS: _____

FEIN: _____ SSN: _____

DBA RECEIPT # _____ (Office Use) STATE CONTRACTOR LICENSE # _____

START DATE: _____ ADDRESS CHANGE DATE: _____

CONTACT NAME: _____

BUS. PHONE _____ HOME PHONE _____ CELL PHONE _____

FAX#: _____ EMAIL: _____ WEBSITE: _____

ESTIMATED GROSS RECEIPTS TO 12/31 _____

DESCRIPTION OF BUSINESS ACTIVITY:

VIRGINIA REGISTERED AGENT'S NAME & ADDRESS (If Applicable)

LIST ALL CORPORATE MEMBERS/OFFICERS:

A Zoning Compliance Checklist must be completed as part of this Business License Application PRIOR to approval. This checklist is subject to review and compliance with the office of Community Development for zoning issues. Please contact the Roanoke County Planning and Zoning Department at (540)772-2068 for more information.

SIGNATURE: _____ DATE: _____

NOTE: A written statement must be submitted to The Commissioner of Revenue for any changes or termination of business.

P/Z APPROVAL/DATE _____