



## King George Business License Application

Judy S. Hart Commissioner of the Revenue, King George County  
 10459 Courthouse Drive, Suite 101  
 King George, VA 22485-3865  
 540-775-4664  
 540-775-5062 FAX

OFFICE USE ONLY	TYPE OF TAX (Please check all that apply)			
	<input type="checkbox"/> BUSINESS LICENSE			
	<input type="checkbox"/> BUSINESS TANGIBLE PROPERTY			
	<input type="checkbox"/> MEALS TAX			
	<input type="checkbox"/> LODGING TAX			
OWNER INFORMATION				
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> OTHER _____
Owner's Name (If an S Corp, LLC, etc. then please enter the name as filed with the State Corporation Commission)				
Identification Numbers	Social Security #	Social Security #	Federal ID (EIN)	
Trade Name				
Physical Address				
Mailing Address				
Is the mailing address the same for all tax types? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please list on separate sheet of paper for each tax type.)				
Owners Phone: _____ Business Phone: _____				
Email: _____				
Website: _____				
Description of business: (Please list detailed information about the business operations or attach a separate sheet if necessary.)				
Start Date and Gross Receipts (REQUIRED)				
Start Date	1. Did your business start in the current tax year? If yes, enter the estimated gross receipts to date.			\$
	2. Did your business start in the prior tax year? If yes, enter the actual gross receipts for the prior tax year.			\$
	3. Did your business start in a year prior to the previous? If so please attach a sheet listing for all gross receipts by year.			\$
TAX MAP NUMBER	FICTICIOUS TRADE NAME CERTIFICATE NUMBER	SALES TAX IDENTIFICATION NUMBER	VA CONTRACTOR'S LICENSE NUMBER	

Virginia Sales Tax Registration- When reporting sales tax each month to the Department of Taxation, please use King George County's locality code **51099**. This information is used to allocate local sales revenue to King George County in which your business is physically located.

Signature			
I declare that the foregoing statements are true, complete and correct to the best of my knowledge.			
Signature _____	Date _____	or	Authorized Agent _____
			Date _____

OFFICE USE ONLY

Date Received \_\_\_\_\_ Processed by \_\_\_\_\_ Balance Due \_\_\_\_\_