



Petersburg, Virginia  
 Brittany C. Flowers  
 COMMISSIONER OF THE REVENUE  
 144 N Sycamore St Petersburg VA 23803  
 Phone: 804-733-2315  
 Fax: 804-508-6948

COMMISSIONER'S OFFICE USE ONLY	
<input type="checkbox"/> Zoning	<input type="checkbox"/> Workers Comp Cert.
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Contractor License.
<input type="checkbox"/> SCC Certificate	<input type="checkbox"/> Tradesman License
<input type="checkbox"/> Sales Tax Certificate	<input type="checkbox"/> Contractors Affidavit
<input type="checkbox"/> Health Certificate	<input type="checkbox"/> Other
Initials _____	Issued <input type="checkbox"/>

Account #:  
 Tax Year:

**CITY OF PETERSBURG**  
**Application for City Business, Professional and Merchants License**

FEIN / SSN # \_\_\_\_\_

Name/Owner \_\_\_\_\_

Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Shaded area is FOR OFFICE USE ONLY		
Date Filed	Date Processed	Payment Amount
		\$
Start Date: _____		
TYPE OF ENTITY		
SOLE PROPRIETOR		<input type="checkbox"/>
PARTNERSHIP		<input type="checkbox"/>
CORPORATION		<input type="checkbox"/>
LLC		<input type="checkbox"/>

Description of Business: \_\_\_\_\_ Initial: \_\_\_\_\_

Sales Tax Registration # (Retail Merchants Only) \_\_\_\_\_

CONTRACTORS: State Board # \_\_\_\_\_ Important: Contractors MUST attach a list of subcontractors AND a list of deductions taken for work in other localities.

CONTRACTORS JOB LOCATION ADDRESS: \_\_\_\_\_

Type of License* (see OATH below)	Code & Rate	Estimated Gross Receipts Jan 1 – Dec 31	Total Tax or Fee

It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter. (Code Va. Sec. 58.1-11)

OATH: \* By submitting this Assessment, I the undersigned do swear or affirm under penalty of perjury that (1) I agree with the description of the "Type of License" and understand the limits of this Business License, (2) I must notify the office of the Commissioner of the Revenue if this business activity changes in any way or relocates, (3) the figures and statements herein are true, complete, and correct to the best of my knowledge and belief, and (4) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign, (5) Furthermore, it is the applicant's responsibility to confirm with the City's Planning Department that the location listed above is properly zoned for the licensable activities being conducted there.

Signature of person who is authorized and filed \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF RIGHT OF APPEAL AND PROCEDURES**

Any person assessed with a local license tax as a result of an appealable event has the right to file an administrative appeal of the assessment. The appeal must be: (1) filed within one year from the last day of the tax year for which such assessment is made, or within one year from the date of the appealable event, whichever is later, and (2) sent to—City of Petersburg Commissioner of the Revenue, 144 N Sycamore St. Petersburg, VA 23803. For more info, including specific appeal procedures, required content, etc., go to [www.petersburgva.gov](http://www.petersburgva.gov) or VA Code § 58.1-3703.1 et seq.