



# City of Petersburg Commissioner of the Revenue

144 N Sycamore St Petersburg, VA 23803  
Phone: (804) 733-2315 • Fax: (804) 508-6948  
Web: [www.petersburg-va.org](http://www.petersburg-va.org)

**Brittany C.  
Flowers**  
*Commissioner of  
the Revenue*

FORM # \_\_\_\_\_

## BUSINESS ACTION FORM

**Business Owner Name:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Business Trade Name:** \_\_\_\_\_

**Business Telephone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**City of Petersburg Business Property Address:** \_\_\_\_\_

**Federal ID # (if not applicable can use SSN):** \_\_\_\_\_

**Tax Parcel # (If applicable):** \_\_\_\_\_

**Type of Business/Brief Description of Business:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*IMPORTANT INFORMATION FOR ALL APPLICANTS\*\*\***

Prior to the issuance of a business license in the City of Petersburg, the steps listed below must be completed. Issuance of a business license does not relieve business operators of the responsibility of obtaining all other licenses and permits required by law, ordinances or regulations. This license does not authorize any construction activity or structural changes to buildings or structures, which is regulated by the Uniform Statewide Building Code. You must consult with the Code Compliance Office (804-733-2409) for permit requirements. *All departments listed on this form are governed by both City of Petersburg ordinances and the State Code of Virginia.*

### **Step 1**

**Billing & Collections**      **144 N Sycamore St**      **804-733-2349**

Approved  Denied

Reasons/Stipulations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Authority

**Step 2**

**Planning & Community Development (Zoning) 3rd Floor City Hall (135 N Union St.)**

**804-733-2308**

Approved  Denied  Fee \$100.00 Zoning Designation \_\_\_\_\_

Reasons/Stipulations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Any aggrieved person may appeal this zoning decision to the Board of Zoning Appeals within 30 days of the date of this decision. It shall be final and un-appealable if not appealed within 30 days. Appeal Fee \$500.00)*

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized Authority

**Step 3**

**\*Will Need to Schedule an Appointment\***

**Fire Marshal Office 1151 Ft. Bross Dr. 804-733-2328**

Approved  Denied  Fee \$

Reasons/Stipulations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized Authority

**Step 4**

**Health Department (If Applicable) 301 Halifax Street 804-863-1652**

Approved  Denied  N/A

Reasons/Stipulations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If Not preparing Hot or prepackaged foods please see Health Department form and turn back into Commissioner of the Revenue office)*

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized Authority

**Step 5**

**Commissioner of the Revenue 144 N Sycamore St. 804-733-2315**

Approved  Denied

Reasons/Stipulations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Authorized Authority