



P. JASON PETERS
COMMISSIONER OF THE REVENUE
COUNTY OF ROANOKE
P.O. BOX 20409 – 5204 BERNARD DR
ROANOKE, VA 24018
TEL (540)772-2050 FAX (540)772-2015

ACCT ID# _____

BUSINESS LICENSE APPLICATION

(circle all that apply)

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

BUSINESS OWNER/LEGAL NAME _____

DBA/FICTITIOUS NAME: _____

PHYSICAL BUSINESS ADDRESS: _____

OWNER MAILING ADDRESS: _____

FEIN: _____ SSN: _____

DBA RECEIPT# _____ STATE CONTRACTOR LICENSE # _____

START DATE: _____ ADDRESS CHANGE DATE: _____

CONTACT NAME: _____

BUS. PHONE _____ HOME PHONE _____

CELL PHONE _____ FAX# _____

EMAIL _____ WEBSITE _____

DESCRIPTION OF BUSINESS ACTIVITY: _____

ESTIMATED GROSS RECEIPTS TO DECEMBER 31ST _____

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 Development Services for zoning issues. Please contact Development Services at (540)772-2068 for more information.

SIGNATURE: _____ DATE: _____

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

P/Z APPROVAL/DATE: _____

OOA CONTRACTOR JOB LOCATION: _____