



City of Richmond, Virginia
 Division of Collections
 900 East Broad Street, Room 102
 P.O. Box 26624
 Richmond, VA 23261

APPLICATION FOR CITY OF RICHMOND BUSINESS LICENSE LICENSE YEAR 2015

Account #

**IMPORTANT: Renewal application must be filed
 and taxes and/or fees paid in full by 3/1/2015.
 Your 2014 license expired 12/31/2014.**

This license must be surrendered upon demand.

APPLICANT NAME AND MAILING ADDRESS:

INSTRUCTIONS:

- Type or print only.
- Provide complete information.
- Sign in the space provided at the bottom of the application.
- Return with check payable to "City of Richmond".
- A 2015 business license will be returned to you.
- For assistance call (804) 646-7000.
- For information or forms, visit our website at www.richmondgov.com.

IMPORTANT — PLEASE READ:

- Up to 10% penalty will be added (subject to a minimum penalty) if payment is not postmarked or received by the Department of Finance on or before **March 1, 2015**.
- Your business must be properly zoned before you may begin operating (Zoning phone no. (804) 646-6340).
- All trade / assumed names must be registered with the Clerk of the Circuit Court before the license can be issued (Clerk's phone no. (804) 646-6530).
- If gross receipts for 2014 were less than \$100,000, please see reverse.
- You will receive a separate renewal form for each line of business or charge on your account (i.e. Restaurant, Beer & Wine and Mixed Beverage will produce 3 renewal forms).

TELEPHONE:	FAX:
EMAIL ADDRESS:	
EMPLOYER NO. OR S.S. NO.:	
RICHMOND CITY BUSINESS ADDRESS:	
COMPANY:	
TRADE NAME:	
PRESIDENT:	
REGISTERED AGENT:	
NO./STREET:	
CITY/STATE/ZIP:	
TELEPHONE:	

2014 – LICENSE TAX ADJUSTMENT – 2014

CALCULATE ADJUSTMENTS ONLY IF YOUR BUSINESS BEGAN AFTER JANUARY 15, 2013

Account Number:

BUSINESS TYPE DESCRIPTION	2014 ACTUAL GROSS RECEIPTS	TAX RATE	2014 TAX DUE A	2014 TAX PAID B	TAX DUE / (REFUND) A - B
	.00 X	=			

DATE BEGAN BUSINESS IN RICHMOND: MM DD YY	CERT OF OCCUPANCY NUMBER:
DATE CEASED BUSINESS IN RICHMOND: MM DD YY	CHECK ONE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PART. <input type="checkbox"/> CORP. <input type="checkbox"/> LLC
SSN OR FED ID#:	VA SALES TAX #: TELEPHONE #: () -
LICENSE PREPARER OTHER THAN LICENSEE:	FAX #: () -

2015 – CITY OF RICHMOND – 2015

BUSINESS, PROFESSIONAL, & OCCUPATIONAL LICENSE

Account Number:

CAT	TYPE	ABC#	BUSINESS TYPE DESCRIPTION	2014 GROSS RECEIPTS	TAX RATE	AMOUNT DUE
				.00 X	=	

LICENSEE:	AMOUNT	
	PENALTY	
T/A:	INTEREST	
	TOTAL	
	AMOUNT PAID	

THE INFORMATION PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND MY OBLIGATION FOR THIS LICENSE. BUSINESS LICENSE RECEIPTS ARE SUBJECT TO AUDIT.

Date _____ Phone _____ Printed Name _____ Signature (Required) _____