

**BUSINESS LICENSE APPLICATION  
CITY OF POQUOSON, VIRGINIA**

LICENSE YEAR

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**GRAHAM P. WILSON**  
 COMMISSIONER OF THE REVENUE  
 500 CITY HALL AVENUE, POQUOSON, VA 23662  
 TELEPHONE (757) 868-3020

**OFFICE USE ONLY**

ACCOUNT NUMBER

LEGAL OWNER'S NAME (CORPORATE, PARTNERSHIP OR SOLE PROPRIETOR):	CHECK TYPE OF BUSINESS		
	INDIVIDUAL	PARTNERSHIP	CORPORATION
TRADE NAME:	DATE APPLICANT BEGAN BUSINESS IN POQUOSON		
MAILING ADDRESS:	MAIN OFFICE/HOME PHONE	LOCAL BUSINESS PHONE	
BUSINESS LOCATION ADDRESS:	FAX NUMBER	MOBILE PHONE NUMBER	
BUSINESS LOCATION ADDRESS:	EMAIL ADDRESS		
NAMES OF CORPORATE OFFICERS:			

DETAILED DESCRIPTION OF ALL PROPOSED BUSINESS ACTIVITIES:

NO	CLASSIFICATION	RATE	ESTIMATED GROSS RECEIPTS	LICENSE TAX
1				
2				
3				
4				
5				

FEDERAL ID NUMBER/SOCIAL SECURITY NUMBER*	SIGNATURE	DATE

\* Enter Social Security Number ONLY if business does not have a Federal I.D. Number. If an application has been made for a Federal I.D. Number, please submit when received.

**10% penalty for failure to either file an application or pay the tax by March 1<sup>st</sup>. An additional 10% penalty may be charged if there is a history of late filing or late payment, when both the application and payment are not received by March 1<sup>st</sup>.**

**THIS LICENSE EXPIRES DECEMBER 31, ANNUALLY.**