



## 2019 BUSINESS LICENSE APPLICATION CITY OF MANASSAS

**DOUGLAS S WALDRON, COMMISSIONER OF THE REVENUE**  
9027 CENTER STREET • POST OFFICE BOX 125 • VIRGINIA • 20108-0125 • (703) 257-8214

LICENSE # \_\_\_\_\_

**PLEASE PRINT OR TYPE EXACTLY AS LICENSE IS TO BE ISSUED**

TRADE NAME \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

BUSINESS MAILING ADDRESS (if different from business location) \_\_\_\_\_

BUS PHONE \_\_\_\_\_ CELL/HOME \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ START DATE \_\_\_\_\_

DETAILED DESCRIPTION OF BUSINESS ACTIVITY \_\_\_\_\_

OCCUPANCY/USE /HOME OCCUPATION PERMIT # \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

(If not required, Zoning Administrator must sign) \_\_\_\_\_ DATE \_\_\_\_\_

CATEGORY	CODE	RATE	GROSS RECEIPTS
CONTRACTORS	30-122	\$0.10 per \$100	
RETAIL MERCHANTS Are you providing money transfer and/or check cashing services?    yes    no	30-123	\$0.12 per \$100	
COMMISSION MERCHANT	30-128	\$0.22 per \$100	
FINANCIAL SERVICE	30-125	\$0.35 per \$100	
REAL ESTATE SERVICE	30-126	\$0.33 per \$100	
PROFESSIONAL SERVICE	30-126	\$0.33 per \$100	
REPAIR, PERSONAL AND BUSINESS SERVICE	30-128	\$0.22 per \$100	
WHOLESALE MERCHANT	30-129	\$0.05 per \$100	
UTILITY	30-130,131	1/2 of 1%	

**I CERTIFY THAT THE STATEMENTS AND FIGURES SET FORTH ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Office Use Only	
TAX	_____
ADD'L CHGS	_____
PENALTY	_____
INTEREST	_____
TOTAL	_____
INITIALS	_____

NOTICE: Failure to receive the annual renewal application does not relieve the taxpayer of the obligation to file before March 1. Failure to file the annual renewal application by March 1 will result in a late file penalty of 10% of the tax assessable. It is a Class 1 misdemeanor for any person to intentionally submit an application that he/she does not believe to be true and correct as to every material matter - VA Code 58.1-11. Businesses are subject to audit by the Commissioner of the Revenue pursuant to VA Code 58.1-3109.

**ALCOHOLIC BEVERAGES – ADDITIONAL CHARGES**

BEER & WINE ON	\$75.00	_____
BEER ON	\$50.00	_____
BEER & WINE OFF	\$75.00	_____
BEER OFF	\$50.00	_____
BEER & WINE ON & OFF	\$75.00	_____
BEER ON & OFF	\$75.00	_____

**MIXED BEVERAGES – ADDITIONAL CHARGES**

SEATING CAPACITY 50 - 100	\$200.00	_____
SEATING CAPACITY 101 - 150	\$350.00	_____
SEATING CAPACITY 151+	\$500.00	_____

**OWNERSHIP/CORPORATE INFORMATION**

TYPE OF OWNERSHIP                      SOLE PROP. \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CO-OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CORPORATE NAME \_\_\_\_\_

DATE OF INCORPORATION \_\_\_\_\_ STATE OF ORIGATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ATTN: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PRESIDENT \_\_\_\_\_

REGISTERED AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FEDERAL TAX ID# / SSN \_\_\_\_\_ VA SALES TAX ID # \_\_\_\_\_

ST CONTRACTORS LIC# \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DEPT OF HEALTH CERTIFICATION # (Food Establishments Only) \_\_\_\_\_

FILING STATUS (CIRCLE ONE)              CALENDAR      FISCAL      YEAR END: \_\_\_\_\_