



# **BUSINESS LICENSE APPLICATION**

NANCY J HORN  
**COMMISSIONER OF THE REVENUE**  
COUNTY OF ROANOKE  
PO BOX 20409 ROANOKE, VA 24018-0513  
TELE: (540) 772-2050 FAX: (540) 772-2015

Account License Number  
**(OFFICE USE ONLY)**

(circle all that apply)

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

Business Legal Name \_\_\_\_\_

DBA/Fictitious Name \_\_\_\_\_

Physical 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 \_\_\_\_\_

Estimated gross receipts to December 31<sup>ST</sup> \_\_\_\_\_

Description of business activity \_\_\_\_\_

Virginia registered agent's name and address (If applicable)  
\_\_\_\_\_

List all corporate members and 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 Community Development for zoning issues. Please contact the Roanoke County Planning and Zoning Department at (540) 772-2068 for more information.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**(OFFICE USE)P/Z APPROVAL** \_\_\_\_\_

**DATE** \_\_\_\_\_