



**COUNTY OF YORK  
APPLICATION FOR A BUSINESS LICENSE**

Commissioner of the Revenue \* Building Regulations  
(757) 890-3383 (757) 890-3522

Acct#: \_\_\_\_\_

Date  
Received: \_\_\_\_\_

**\*\*For use by Contractors located outside of York County\*\***

Type of Ownership:     Individual         Partnership         Corporation         Limited Liability Corp.  
Applicant/Owner:  
(BASED ON OWNERSHIP) \_\_\_\_\_

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Suite #                      Street # and Name                      City/State/Zip Code

Physical Address: \_\_\_\_\_  
Suite #                      Street # and Name                      City/State/Zip Code

Name of Business Where Work Will Be Performed: \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_                      Cell Phone # (\_\_\_\_) \_\_\_\_\_

Fax Phone # (\_\_\_\_) \_\_\_\_\_                      Corp Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_                      Website \_\_\_\_\_

Federal I.D. # \_\_\_\_\_                      Social Security # \_\_\_\_\_

Detailed Description of ALL Proposed Business Activities  
\_\_\_\_\_  
\_\_\_\_\_

EXAMPLE: CONTRACTOR-Painting; REPAIR-Auto; CONSULTANT-Computer; RETAIL-Beauty Products

**Applicant/Ownership Information (PLEASE PRINT)**

List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above Company.

Name    Title    SS#

Home Address    Home Phone    Cell Phone

Name    Title    SS#

Home Address    Home Phone    Cell Phone

Proof of Identification: _____
Valid through: _____
Proof of Identification: _____
Valid through: _____

**TAX ASSESSMENT**

ESTIMATED GROSS RECEIPTS (Rounded)	FEE	TAX	FLAT FEES	TOTAL DUE
\$ _____	\$ _____	\$ _____	+ \$ _____	= \$ _____

FILING PERIOD ESTIMATE: \_\_\_\_\_ THROUGH \_\_\_\_\_  
MM-DD-YYYY    MM-DD-YYYY

OATH: I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license.

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_