



**Brandy N. Palazzone**  
Commissioner of the Revenue

County of York, Virginia  
Post Office Box 189, Yorktown, Virginia 23690-0189  
P: (757) 890-3383 | F: (757) 890-3380  
W: [www.yorkcounty.gov/revenue](http://www.yorkcounty.gov/revenue)  
E: [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov)



**Notice to Vendors Participating in York County Events**  
**Business License Required**

In accordance with the York County Code 14-3 (a), which states “**every person shall apply for a license for each business or profession when engaging in a business in the County, prior to beginning business**”

The office of the Commissioner of the Revenue is responsible for assessing business license fees and other related taxes. As such, staff is available to assist you Monday-Friday, between the hours of 8:15am-5:00pm. You may visit our office located at 120 Alexander Hamilton Blvd. or you may apply for a business license online by visiting our website at <https://www.yorkcounty.gov/475/Forms> and selecting “Application for Business License (Event Vendor)”. For your convenience, the application is on the reverse side of this notification.

Please complete the application and submit it, along with a current copy of your ID or driver’s license. The requested documentation may be submitted through our online document portal at <http://www.yorkcounty.gov/upload> or mailed to: Commissioner of the Revenue, PO BOX 189, Yorktown, VA, 23690. Once the required documentation is received, the assessment will be processed and an email will be forwarded to you explaining the online payment process.

Your business is important to us and we are here to provide any assistance you may need to complete your filing requirements. If you should have any questions regarding this process, please feel free to contact us at (757) 890-3383 or you may email our office at [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov).

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**COUNTY OF YORK**  
**APPLICATION FOR BUSINESS LICENSE – Event Vendor**  
**(LOCATED OUTSIDE OF YORK COUNTY)**

Commissioner of the Revenue \* Zoning & Code Enforcement  
 (757) 890-3383 (757) 890-3523

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

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

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

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

Name of Event Where Work Will Be Performed: \_\_\_\_\_ \*Event Date: \_\_\_\_\_  
If More Than One Date, Add Date Range on Bottom (Filing Period)

Business Phone # (including area code): \_\_\_\_\_ Cell Phone # (including area code): \_\_\_\_\_

Fax Phone # (including area code): \_\_\_\_\_ Corp Phone # (including area code): \_\_\_\_\_

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

Federal I.D. # \_\_\_\_\_ Social Security # \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_

Detailed Description of ALL Proposed Business Activities

EXAMPLE: RETAIL SALES-Paintings; PERSONAL SERVICE-Face Painting; 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#
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Home Address	Home Phone	Cell Phone
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Name	Title	SS#
------	-------	-----

Home Address	Home Phone	Cell Phone
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Proof of Identification: _____  Valid through: _____
Proof of Identification: _____  Valid through: _____

**TAX ASSESSMENT**

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

\*FILING PERIOD - ESTIMATED START DATE: \_\_\_\_\_ 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: \_\_\_\_\_

**Commissioner of the Revenue – Application for a Business License**