



COUNTY OF YORK APPLICATION FOR A BUSINESS LICENSE

Commissioner of the Revenue (757) 890-3383

Office Use Only

Acct#: _____

Date Received: _____

** For Use by Barbers, Beauticians, Nail & Massage Technicians** Using a location that does not require Zoning

Form fields for ownership type, applicant/owner, trade name, mailing address, business address, name of business, federal ID, social security, state sales tax ID, email, website, and phone numbers.

* Please supply a copy of your current Department of Professional and Occupational Regulations (DPOR) License with the application*

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.

Table with columns for Name, Title, SS#, Home Address, Home Phone, and Cell Phone for multiple individuals.

Office Use Only Proof of Identification and Valid through fields for two individuals.

PERSONAL SERVICE TAX ASSESSMENT

Tax assessment form for Personal Service Tax with checkboxes for Estimated and Actual, and fields for Gross Receipts, Fee, Tax, and Total Due.

RETAIL MERCHANT TAX ASSESSMENT

Tax assessment form for Retail Merchant Tax with checkboxes for Estimated and Actual, and fields for Gross Receipts, Fee, Tax, and Total Due.

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.

Printed Applicant(s) Name: _____

Applicant(s) Signature: _____ Date: _____