



COUNTY OF YORK APPLICATION FOR A BUSINESS LICENSE

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

Office Use Only

Acct#: _____

Date Received: _____

** For Use by Contractors located outside of York County**

Type of Ownership: Individual Partnership Corporation Limited Liability Company

Applicant/Owner: (BASED ON OWNERSHIP) _____

Trade Name: _____

Mailing Address: Street # Street Name Suite/Unit/Apt # City State Zip Code

Business Address: Street # Street Name Suite/Unit/Apt # City State Zip Code

Name of Business Where Work Will Be Performed: _____

Estimated Start Date: MM-DD-YYYY

Federal I.D. # Social Security #

Estimated Date Completed: MM-DD-YYYY

Email Address: Website Address:

Local Business Phone: Corp./Main Office Phone:

Cell Phone: Fax Number:

Detailed Description of ALL Proposed Business Activities*: (Example: CONTRACTOR-Painting-Auto; CONSULTANT-Computer; RETAIL-Beauty Products):

* In accordance with the York County Code § 14-27 (A) (14), If your York County contract/job is less than \$25,000 NO York County Business License is required.

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#

Office Use Only Proof of Identification:

Home Address Home Phone Cell Phone

Valid through:

Name Title SS#

Office Use Only Proof of Identification:

Home Address Home Phone Cell Phone

Valid through:

TAX ASSESSMENT

- Estimated Actual

\$ GROSS RECEIPTS ROUNDED \$ FEE OR \$ TAX = \$ 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: _____