



COUNTY OF YORK APPLICATION FOR A BUSINESS LICENSE

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

Office Use Only

Acct#: _____

Date Received: _____

** For Use by Government Contractors located on Military Bases and Installations**

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

Federal I.D. # _____ Social Security # _____

Name of Business or Location: _____ Estimated Start Date: _____ MM-DD-YYYY

Where Work Will Be Performed: _____ 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-Class A; CONTRACTOR-HVAC; CONTRACTOR-Painting):

* 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#

Home Address Home Phone Cell Phone

Office Use Only Proof of Identification: Valid through: _____

Name Title SS#

Home Address Home Phone Cell Phone

Office Use Only Proof of Identification: 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: _____



SARAH K. WEBB
Commissioner of the Revenue
COUNTY OF YORK, VIRGINIA

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Questionnaire To Determine Business Licensure for Services Performed in York County

Please complete, sign, and return this questionnaire to assist this office in determining the situs of your company in York County while performing services in our jurisdiction. Failure to return this questionnaire will result in a York County Business License Assessment.

Company Name _____

1. Did the company listed above perform services at a federal government installation in York County, Virginia?

2. If the answer to #1 is yes, which government installation in York County did the company provide services to?
 Naval Weapons Station- Yorktown Cheatham Annex-Williamsburg
 Camp Peary-Williamsburg US Coast Guard Training Station-Yorktown
 Bethel Manor-Air Force Housing-Yorktown Other _____
3. Did the company listed above have an office space at the government installation indicated above where company employees occupied? _____ **(This can also be an office trailer placed on the installation by your company)**
4. If the answer to #3 is no, **STOP HERE** and complete the Contact/Signature section at the bottom of this questionnaire.
5. If the answer to #3 is yes, how many employees are assigned to the York County installation? _____
6. If the answer to #3 is yes, what was the period the company listed above maintained an office space at the government installation? **Ex- June 1, 2022 to May 31, 2024.**
_____ to _____
If multiple periods apply, please use the back of this form to add additional periods.
7. If the answer to #6 is more than 30 days, please provide the total gross receipts that were earned for the services performed at the York County government installation.

Calendar Year:

2022: \$ _____ 2023: \$ _____ 2024: \$ _____ 2025: \$ _____

BUSINESS WILL BE REQUIRED TO PROVIDE A LIST OF EQUIPMENT (# 7) IF THE GOVERNMENT INSTALLATION YOU PROVIDED SERVICES TO WAS ON EITHER CHEATHAM ANNEX-WILLIAMSBURG or BETHEL MANOR-AIR FORCE HOUSING-YORKTOWN.

I affirm that the information I have provided in this questionnaire is true to the best of my knowledge.

Officers' Signature Title Date

If you would like our office to contact another person within this company to answer any questions concerning the answers to this questionnaire, please provide that person's contact information below.

Please Print

Name of company contact: _____

Title of company contact: _____

Direct telephone number of the company contact: _____

Please return this questionnaire and supporting documents to our office via the online portal at www.yorkcounty.gov/upload or by e-mail to revofc@yorkcounty.gov.