



COUNTY OF YORK

APPLICATION FOR STARTING A NEW COMMERCIAL BASED BUSINESS

Commissioner of the Revenue * Zoning & Code Enforcement * Building Safety * Fire & Rescue
(757) 890-3383 (757) 890-3523 (757) 890-3522 (757) 890-3600

Office Use Only

Date Received: _____

Acct#: _____

Type of Ownership: [] Individual [] Partnership [] Corporation [] Limited Liability Corp.

Applicant/Owner: (BASED ON OWNERSHIP) _____

Trade Name: _____

Office Use Only
Fictitious Name Documents Reviewed: _____
Initials or N/A

Date Business Established in York County: _____ MM-DD-YYYY

Federal I.D. # _____ OR Social Security # _____ Sales Tax ID# _____

Detailed Description of ALL Proposed Business Activities* - (Examples: Professional-Lawyer; Repair-Auto; Consultant-Computer; Retail-Beauty Products):

*If your business activity changes after the initial application, contact the office of the Commissioner of the Revenue prior to initiating the change to determine if it affects your business classification.

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: _____
Valid through: _____

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: _____

Name Title SS#

Home Address Home Phone Cell Phone

TAX ASSESSMENT - BASED ON ESTIMATED GROSS RECEIPTS

CLASSIFICATION OF LICENSE - BASED ON DETAIL DESCRIPTION OF BUSINESS ACTIVITY: _____

\$ ESTIMATED GROSS RECEIPTS ROUNDED \$ FEE OR \$ TAX + \$ FLAT FEES = \$ TOTAL DUE
FILING PERIOD ESTIMATE MM-DD-YYYY THROUGH 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. Furthermore, I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed to be approval to actually operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by applicable Zoning, Building and Fire Codes.

Applicant's Name: PLEASE PRINT _____

Applicant's Signature: _____ Date: _____



COUNTY OF YORK

Acct#: _____

**APPLICATION FOR ZONING, BUILDING, AND FIRE APPROVAL FOR
NEW COMMERCIAL BASED BUSINESS**

Commissioner of the Revenue * Zoning & Code Enforcement * Building Safety * Fire & Rescue
(757) 890-3383 (757) 890-3523 (757) 890-3522 (757) 890-3600

Existing Commercial Bldg. OR New Commercial Building

Applicant/Owner: _____
(BASED ON OWNERSHIP)

Trade Name: _____

Mailing Address: _____
Street # Street Name Suite/Unit/Apt. # P. O. Box
City State Zip Code

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

Location Name: _____
OFFICE BLDG. * SHOPPING CENTER * INDUSTRIAL PARK * SUBDIVISION

Email Address: _____ Website Address: _____

Local Business Phone: () _____ - _____ Corp./Main Office Phone: () _____ - _____
Cell Phone: () _____ - _____ Fax Number: () _____ - _____

Detailed Description of ALL Proposed Business Activities, and a Description of any Equipment, Vehicles or Chemicals to be Located or Stored on the Property: _____

Existing Commercial Bldg: **Is Facility to be Altered? Yes [] No [] If Yes, Describe, in detail, the proposed changes: _____

Prior to making any alterations you may be required to submit a building permit to the Building Regulations Office.
Contact the Building Office at the number above.

DECLARATION: I declare that the statements hereon are true, full and correct to the best of my knowledge and belief. Furthermore, I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed to be approval to actually operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by applicable Zoning, Building and Fire Codes for use, for the location, and for any site or building alterations that are proposed or necessary.

Applicant's Name: **PLEASE PRINT** _____

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

<p>COMMISSIONER OF THE REVENUE</p> <p>Business that have operated in this location in the past: _____</p> <p>_____ SIGNATURE TITLE DATE</p>			<p>ZONING & CODE ENFORCEMENT</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>COMMENTS: _____</p> <p>_____ SIGNATURE TITLE DATE</p>		
<p>BUILDING REGULATION</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>COMMENTS: _____</p> <p>_____ SIGNATURE TITLE DATE</p>			<p>PUBLIC SAFETY * FIRE AND RESCUE</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>COMMENTS: _____</p> <p>_____ SIGNATURE TITLE DATE</p>		