



COUNTY OF YORK

Office Use Only

APPLICATION FOR STARTING A **NEW COMMERCIAL BASED** BUSINESS

Acct#: _____

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

Date
Received: _____

Type of Ownership: * Individual * Partnership * Corporation * Limited Liability Corp.

Applicant/Owner:

(BASED ON OWNERSHIP) _____

Trade Name: _____

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Fictitious Name Documents Reviewed: _____
Initials or N/A

Date Business Established in York County: _____

MM-DD-YYYY

Federal I.D. # _____ State I.D. # _____ Social Security # _____

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#

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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: _____

Name Title SS#

Office Use Only

Proof of Identification: _____

Home Address Home Phone Cell Phone

Valid through: _____

TAX ASSESSMENT – BASED ON ESTIMATED GROSS RECEIPTS

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

\$ _____ \$ _____ OR \$ _____ + \$ _____ = \$ _____
ESTIMATED GROSS RECEIPTS ROUNDED FEE 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: _____



Acct#: _____ **COUNTY OF YORK**
APPLICATION FOR ZONING, BUILDING, AND FIRE APPROVAL
FOR
NEW COMMERCIAL BASED BUSINESS
Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * 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

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

Email Address: _____ Website Address: _____

Local Business Phone: aaaaa _____ aaa _____ Corp./Main Office Phone: aaaaa _____ aaa _____

Cell Phone: aaaaa _____ aaa _____ Fax Number: "aaaaa _____ aaa _____

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:

***If any alterations need to be made after this initial approval, you must submit a new application to Zoning & Code Enforcement prior to any alterations.*

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: _____

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COMMISSIONER OF THE REVENUE

Business that have operated in this location in the past: _____

 SIGNATURE TITLE DATE

ZONING & CODE ENFORCEMENT

APPROVED DISAPPROVED

COMMENTS:

 SIGNATURE TITLE DATE

BUILDING REGULATION

APPROVED DISAPPROVED

COMMENTS:

 SIGNATURE TITLE DATE

PUBLIC SAFETY * FIRE AND RESCUE

APPROVED DISAPPROVED

COMMENTS:

 SIGNATURE TITLE DATE