

# Town of Cheriton, Virginia

21314 South Bayside Road  
Post Office Box 188  
Cheriton, Virginia 23316

757-331-8200 Office  
757-331-1594 Fax  
townofcheriton@aol.com

## Business, Professional, Occupational License Registration:

1. TYPE OF ENTITY:

A. Sole Proprietor (Individuals Full Name) \_\_\_\_\_

B. Partnership (Partnership Name) \_\_\_\_\_

C. Corporation (Corporate Name) \_\_\_\_\_

2. Trading As Name: \_\_\_\_\_

3. Physical Location of Business: \_\_\_\_\_

4. Mailing Address (If Different): \_\_\_\_\_

5. Federal Identification Number: \_\_\_\_\_

6. State Identification Number: \_\_\_\_\_

7. Telephone Number of Business: \_\_\_\_\_

8. Web-site Address: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. Description of Business or Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Responsible Officer (s) or Person (s):

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State zip

\_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State zip

\_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_

CONTINUED:

12. SIGNATURE

IMPRTANT- READ BEFORE SIGNING

SECTION 15.2-1429 AND 58.1-3700 OF THE CODE OF VIRGINIA PROVIDES THAT OPERATING A BUSINESS-WITHOUT A BUSINESS LICENSE SHALL CONSTITUTE A CLASS 1 MISDEMEANOR, PUNISHABLE BY A FINE OF NOT MORE THAN \$500.00. NO BUSINESS LICENSE UNDER THIS CHAPTER SHALL BEISSUED UNTIL THE APPLICANT HAS PRODUCED SATISFACTORY EVEIDENCE THAT ALL DELINQUENT BUSINESS LICENSE, PERSONAL PROPERTY, MEALS, TRANSIENT OCCUPANCY, SEVERANCE AND ADMISSIONS TAXES OWED BY THE BUSINESS TO THE COUNTY, CITY OR TOWN HAVE BEEN PAID. ANY PERSON, WHO ENGAGES IN A BUSI-NESS WITHOUT OBTAINING A REQUIRED LOCAL LICENSE, OR AFTER BEING REFUSED A LICENSE, SHALL NOT BE RELIEVED FOT HETAX IMPOSED BY THE ORDINANCE.

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I have read and understand the above statement, and I am authorized to sign this form on behalf of this organization.

Name: (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail form to:  
Town of Cheriton  
P.O. Box 188  
Cheriton, VA 23316

Fax form to:  
Town of Cheriton  
757-331-1594

or

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OFFICE USE ONLY

Business License Number: \_\_\_\_\_ License Expiration: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Clerk's Initials: \_\_\_\_\_

CONTINUED: