



# COMMISSIONER OF THE REVENUE CITY OF MANASSAS PARK

One Park Center Court • Manassas Park, Virginia 20111-2395  
(703) 335-8825



## 2010 BUSINESS LICENSE APPLICATION

PLEASE PRINT OR TYPE EXACTLY AS LICENSE IS TO BE ISSUED

Application must be filed prior to the start of business.

If application is for a new license, use estimate of gross receipts.

If application is for renewal, report the prior year gross receipts.

Return completed renewal application to the Commissioner of the Revenue by February 1.

A copy of your income tax return must be provided to this office, upon its completion.

All licenses expire on December 31.

Application is for  NEW LICENSE  RENEWAL

TRADE NAME: \_\_\_\_\_

(Trade names must be registered with the VA State Corporation Commission or the Circuit Court in PWC)

OWNER'S NAME: \_\_\_\_\_

(If sole proprietor or partnership)

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

MAILING ADDRESS (If different from business address): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_

STATE TAX ID #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

Individual  Corporation  Partnership  Other \_\_\_\_\_

Number of employees in Manassas Park \_\_\_\_\_

Nature of Business \_\_\_\_\_

Date business started in Manassas Park: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? \_\_\_\_\_

(Proof of citizenship or immigration status is required with initial application)

I certify that the statements and figures on this application are true and correct to the best of my knowledge and belief.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

CATEGORY	CODE	GROSS RECEIPTS
Contractors	01440	
Retail Merchants	01441	
Financial, Real Estate & Professional Services	01442	
Repair, Personal & Business Services	01443	
Wholesale Merchants (use gross Purchases)	01444	
Utility	01452	
Other (attach a brief description)		

- **Local Contractors:** Attach a list of gross receipts filed with other localities.

**All Other Contractors:** State amount of bid and job location.

OFFICE USE ONLY
TAX
Late filing penalty
Sub Total
Interest
Late payment penalty
Adjustments
Total Amount Due

- **On all licenses not filed by Feb 1, there will be a penalty of 10%**
- **On all licenses not paid by March 1, there will be a penalty of 10%**
- **10% interest accrues beginning March 2.**

**LIST OF PARTNERS OR OFFICERS**

- 1. President: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Social Security # \_\_\_\_\_
- 2. Vice President: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_
- 3. Secretary: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_
- 4. Treasurer: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_

**REGISTERED AGENT**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ Year: \_\_\_\_\_

**CONTRACTORS**

Do you hold a Virginia State Contractor's License?

- YES  NO

If yes, License #: \_\_\_\_\_ Class: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**RETAIL**

- Restaurant: indicate seating capacity \_\_\_\_\_
- Indicate if you serve:
  - Beer  wine  on  off
  - Mixed beverages
- ABC #: \_\_\_\_\_
- ABC Exp Date: \_\_\_\_\_

- If child care, daycare, baby-sitter or provider of similar services, please specify number of children supervised. \_\_\_\_\_

**For new businesses:**

- If a business is a corporation, furnish documentary evidence of date of incorporation or registration with the Virginia State Corporation Commission.
- If using a trade name, furnish copy of filing with the Prince William Circuit Court Clerk's office.
- Do you want your phone & fax numbers to be published?  
 YES  NO
- Home Occupation permit is required for home-based businesses.
- Certificate of zoning compliance is required for all other  
 Businesses located in Manassas Park.

Previous location, if applicable: \_\_\_\_\_

- Do you sell cigarettes?  YES  NO  
 If so, list your wholesaler:  
 \_\_\_\_\_  
 \_\_\_\_\_

- If you have vending or amusement machines on your premises, please list the owner of each machine, and their address.
- Please use attachments, if necessary.

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

**If you would like to give permission to an individual other than the owner, to discuss business related matters, please attach a notarized statement from the owner giving such permission.**