



County of Spotsylvania - Business Tax Division

www.spotsylvania.va.us

Deborah F Williams, Commissioner of Revenue
Business Tax Division
PO Box 175, 9104 Courthouse Rd, Spotsylvania VA 22553-0175
Phone: 540.507.7051 * Fax: 540.582.7190 email: cor@spotsylvania.va.us

Business Registration Form

Office Use Only

Type of Tax: (Check all that apply) <input type="checkbox"/> Business License <input type="checkbox"/> Business Tangible Property <input type="checkbox"/> Meals Tax <input type="checkbox"/> Lodging <input type="checkbox"/> Short Term Rental	<p>A list of officers, members or authorized persons is required with this registration form.</p> <p>Please complete 2nd page or attach your own copy.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Owner Information:			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Owner's Name: (If a Corp, S Corp, LLC, etc, please enter the name as filed with the State Corporation Commission.)			
Identification Numbers:	Social Security # (sole proprietor / partnerships)	Social Security # (sole proprietor / partnerships)	Federal ID (EIN)
Trade Name: (Enter as on file with the Clerk of the Circuit Court if applicable to register.)			
Physical Address: Block / Street Name		City	State Zip+4
Mailing Address: PO Box / Block Street Name		City	State Zip+4
Is the mailing address the same for all tax types? Yes No (If no, please list on a separate sheet of paper for each tax type).			
Owner's Phone:	Business Phone:	Fax:	Email:
Website:			

Description of Business: (List detailed information about the business operations or attached a separate sheet.) Required

Start Date and Gross Receipts: (Registration cannot be processed if this information is omitted.)			
Start Date Required <input type="text"/>	1. Did your business start in 2019?	If yes, estimate the gross for 2019.	\$
	2. Did your business start in 2018?	If yes, enter the actual gross receipts for 2018 and	\$
		estimate the gross for 2019.	\$
3. Did your business start before 2018?	If yes, attached a separate sheet & list the gross receipts for all years.		

Zoning Use Permit # Ex: COM19-9999 or USE19-9999	Fictitious (Trade) Name Certificate Number Ex: 190099999 (9 digits)	Sales Tax Registration # * Ex: 10-999999999F-001	Va Contractor's License # Ex: 2705-999999A

***Virginia Sales Tax Registration #** - When reporting sales tax each month to the Department of Taxation, please use Spotsylvania County's locality Code 51177. This information is used to allocate local sales revenue to Spotsylvania County in which your business is physically located.

Signature:			
I declare that the foregoing statement are true, complete, and correct to the best of my knowledge.			
_____	_____	or	_____
Signature of Applicant	Date	Authorized Agent	Date

<input type="checkbox"/> Officer List Attached.	Reviewed by _____	Date ____/____/____	(online form - rev 12/27/18)
-------------------------------------------------	-------------------	---------------------	------------------------------

Owner's Name:

Trade Name:

List Officers, Members or Authorized Persons information

* Social Security # is required for the following taxes: Meals, Lodging or Short Term Rental

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City	State	Zip+4
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City/State/Zip		
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City/State/Zip		
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City/State/Zip		
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City/State/Zip		
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City/State/Zip		
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City/State/Zip		
Email (optional)	Phone # (optional)		

Name:	Title	Social Security #	
Residence Address: Block / Street Name	City /State/Zip		
Email (optional)	Phone # (optional)		