



County of Spotsylvania - Business Tax Division

www.spotsylvania.va.us

Deborah F Williams, Commissioner of Revenue
Business Tax Division
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Business Registration Form

Office Use Only

Type of Tax: (Check all that apply)
Business License
Business Tangible Property
Meals Tax
Lodging
Short Term Rental

Owner Information:						
Sole Proprietor		Partnership		Corporation	LLC	Other
Owner's Name: (If a Corp, S Corp, LLC, etc., then 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:						
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 if necessary.)

Start Date and Gross Receipts: (required)			
Start Date	1. Did your business start in 2012?	If yes, estimate the gross for 2012.	\$
	2. Did your business start in 2011?	If yes, enter the actual gross receipts for 2011 and	\$
		estimate the gross for 2012.	\$
3. Did your business start before 2011?	If yes, attached a separate sheet & list the gross receipts for all years.		

Zoning Use Permit # Ex: COM11-9999 or USE11-9999	Fictitious (Trade) Name Certificate Number Ex: 201100099999 (12 digits)	Sales Tax Registration # * Ex: 10-999999999F-001	Va Contractor's License # Ex: 2705-999999A
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***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