



County of Spotsylvania - Business Tax Division

www.spotsylvania.va.us

Deborah F Williams, Commissioner of Revenue
Attn: Business Tax Division
9104 Courthouse Rd, PO Box 175, 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)

Business License

Business Tangible Property

Meals Tax

Lodging (Hotels, vacation homes, B&B, etc)

Short Term Rental (not real estate rentals)

A list of officers, members or authorized persons is required with this registration form.

Please complete 2nd page or attach your own copy.

Owner Information:

Sole Proprietor Partnership Corporation LLC Other

Owner's Name: (If a Corp, S Corp, LLC, etc, please enter the name as registered with the State Corporation Commission.)

Identification Numbers:	Social Security # (sole proprietor / partnerships)	Social Security # (sole proprietor / partnerships)	Federal ID (EIN)
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Trade Name: (Enter as on file with the Clerk of the Circuit Court or State Corporation Commission, if applicable to register.)

Physical Address: Block / Street Name	City	State	Zip+4
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Mailing Address: PO Box / Block Street Name	City	State	Zip+4
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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:
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Website:

NAICS Code | 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 (mm/dd/yyyy)	1. Did your business start in 2023	If yes, estimate the gross for 2023.	\$
	2. Did your business start in 2022?	If yes, enter the actual gross receipts for 2022	\$
		and estimate the gross for 2023.	\$
3. Did your business start before 2022?	If yes, attached a separate sheet & list the gross receipts for all years.		

Zoning Use Permit # Ex: COM23-9999 or USE23-9999	Fictitious (Trade) Name Certificate # or DCN	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

Owner's Name:

Trade Name:

List Officers, Members or Authorized Persons information

*** Social Security # is required for the following taxes only: 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		
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