



# County of Spotsylvania - Business Tax Division

[www.spotsylvania.va.us](http://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](mailto:cor@spotsylvania.va.us)

## Business Registration Form

<b>Office Use Only</b>

<b>Type of Tax:</b> (Check all that apply) <input type="checkbox"/> Business License <input type="checkbox"/> Business Tangible Property <input type="checkbox"/> Meals Tax <input type="checkbox"/> Lodging (Hotels, vacation homes, B&B, etc) <input type="checkbox"/> Short Term Rental (not real estate)	<p><b>A list of officers, members or authorized persons is required with this registration form.</b></p> <p><b>Please complete 2<sup>nd</sup> page or attach your own copy.</b></p>
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<b>Owner Information:</b>			
<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 or State Corporation Commission, 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:			

<b>Description of Business:</b> (List detailed information about the business operations or attached a separate sheet.) <span style="color: red;">Required</span>

<b>Start Date and Gross Receipts: (Registration cannot be processed if this information is omitted.)</b>			
<b>Start Date Required</b> <input style="width: 50px; height: 20px;" type="text"/>	1. Did your business start in 2020?	If yes, estimate the gross for 2020.	\$
	2. Did your business start in 2019?	If yes, enter the actual gross receipts for 2019 <b>and</b>	\$
		estimate the gross for 2020.	\$
3. Did your business start before 2019?	If yes, attached a separate sheet & list the gross receipts for all years.		

<b>Zoning Use Permit #</b> Ex: COM20-9999 or USE20-9999	<b>Fictitious (Trade) Name Certificate # (DCN)</b> Ex: 209999999 (9 digits)	<b>Sales Tax Registration # *</b> Ex: 10-999999999F-001	<b>Va Contractor's License #</b> 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.

<b>Signature:</b>			
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 12/17/19)
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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)		

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