



# CITY OF WILLIAMSBURG

Lara M. S. Overy, Commissioner of the Revenue  
 P.O. Box 245, Williamsburg, Virginia 23185  
 Phone & Fax: (757) 220-6150

## BUSINESS, PROFESSIONAL, OCCUPATION LICENSE APPLICATION

INDIVIDUAL NAME, CORPORATION, LLC. OR PARTNERSHIP: \_\_\_\_\_

TRADE NAME/DBA/ASSUMED NAME: \_\_\_\_\_

Secs. 59.1-69 thru 76 of the State Code requires that any person, partnership or corporation transacting business under an assumed name shall sign a certificate giving the name under which such business is to be conducted and the names of each person owning the same with their respective post office and residence addresses. The certificate must be filed in the office of the Clerk of the Court in the county or city wherein the business is to be conducted.

MAILING ADDRESS: \_\_\_\_\_

LOCATION ADDRESS & DESCRIPTION: \_\_\_\_\_

AUTHORIZED BUSINESS REPRESENTATIVES: \_\_\_\_\_

TYPE AND DESCRIPTION OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ESTIMATED GROSS RECEIPTS (opening to end of year): \_\_\_\_\_

DATE BUSINESS STARTED IN CITY: \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_

TYPE OF OWNERSHIP:     INDIVIDUAL                       PARTNERSHIP                       CORPORATION                       LLC

ALCOHOLIC BEVERAGES RETAIL LICENSES: SEATING CAPACITY \_\_\_\_\_

BEER ON PREMISE     WINE ON PREMISE     MIXED BEVERAGE

BEER AND/OR WINE OFF PREMISE     BEER AND WINE, or BEER ON and OFF PREMISE

**DECLARATION:** I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

### Office Use Only

License Code \_\_\_\_\_ Amount of License \_\_\_\_\_ Issue Date \_\_\_\_\_

Paid  Check # \_\_\_\_\_

To Be Billed  Statement Mailed \_\_\_\_\_