



Commissioner of the Revenue City
of Charlottesville
605 East Main Street, Room A-130
Charlottesville VA 22902
Phone: (434) 970-3170
www.charlottesville.org/COR

REQUEST FOR BUSINESS INFORMATION

SECTION 1 BUSINESS INFORMATION			
LEGAL NAME OF BUSINESS		ASSUMED / FICTITIOUS / TRADE NAME	
CHARLOTTESVILLE LOCATION ADDRESS		BUSINESS START DATE	SSN/FEIN
LEGAL STRUCTURE OF BUSINESS ENTITY		TYPE OF BUSINESS LOCATION <input type="checkbox"/> Commercial <input type="checkbox"/> Home based <input type="checkbox"/> Peddler <input type="checkbox"/> Out of city <input type="checkbox"/> Other	
MAILING ADDRESS		CITY	STATE ZIP
PRIMARY OFFICER / MEMBER	TITLE	PHONE	E-MAIL
SECONDARY OFFICER / MEMBER	TITLE	PHONE	E-MAIL

SECTION 2 BUSINESS ACTIVITY & TAXES						
A. BUSINESS DESCRIPTION (USE EXTRA ROWS IF ENGAGED IN MULTIPLE ACTIVITIES)	B. 2023 ACTUAL GROSS* RECEIPTS	C. 2024 ACTUAL GROSS* RECEIPTS	D. 2025 ACTUAL GROSS* RECEIPTS	E. 2026 ANTICIPATED GROSS* RECEIPTS	F. BUSINES-ALREADY LICENSED IN CHARLOTTESVILLE (PROVIDE ACCOUNT NUMBER)	
a. Hotel Residential						
b.						
c.						
d.						
e.						

* Please provide gross receipts for all rentals that have already taken place in 2023, 2024, 2025 and 2026.

- For AirBnB transactions, the gross earnings report from your transaction history will provide this information.
- For VRBO, the yearly income report will provide this information (see Total Gross Income from Rental on that report).
- **Report the TOTAL gross paid by the guest, NOT the pay-out amount.**

OATH: I, THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM) THAT THE FOREGOING FIGURES AND STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
SIGNATURE OF APPLICANT / AGENT	DATE
PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING	PHONE NUMBER