



Commissioner of the Revenue City  
of Charlottesville  
605 East Main Street, Room A-130  
Charlottesville VA 22902  
Phone: (434) 970-3170  
www.charlottesville.gov/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)	G. BUSINES LOCATED AND TAXED IN ANOTHER LOCALITY (PROVIDE LOCALITY NAME)
a.						
b.						
c.						
d.						
e.						

<b>OATH:</b> 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