



TOWN OF SHENANDOAH

426 First Street
Shenandoah, VA 22849
(540) 652-8164

BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE APPLICATION

For the purpose of computing Business, Professional and Occupational License (BPOL) Tax promulgated by Virginia Code §58.1-3700 et seq. and Shenandoah Town Ordinance #Chapter 18, adopted 11/12/2002, please complete and return this form with the required information. Please note: If your business will be operated in your residence, a SPECIAL USE PERMIT must be obtained prior to completing this application. A separate license will be issued for each type of business performed, as required per Chapter 18 of the Town Ordinance.

Anticipated Start Date: _____

Applicant(s): _____

Type of Ownership: Individual Partnership Corporation LLC

Federal ID (FEIN/SSN): _____

Virginia State Sales Tax ID: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Business Name: _____

Physical Address of Business: _____

Business Phone: _____ Email: _____

Property Owner: _____ Tax Map #: _____

Type of Business:

- | | |
|--|--|
| <input type="checkbox"/> Wholesale Merchant | <input type="checkbox"/> Contracting (See below) |
| <input type="checkbox"/> Retail Merchant | <input type="checkbox"/> Repair, Personal or Business Services |
| <input type="checkbox"/> Financial, Real Estate and Professional | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Itinerant Merchant (\$500/year) |
| <input type="checkbox"/> Short-term Rental | |

If uncertain of your business classification, please call Town Hall at (540) 652-8164 for assistance.

Please give a brief description of your business: _____

Will the public actually be coming to this business? YES NO

If "YES", number of patrons expected PER DAY: _____

CONTRACTORS:

State License # _____ EXP Date: _____ Class: _____

Must also complete Contractor's Workers' Compensation Form

Signature of Applicant

Date