



COUNTY OF YORK APPLICATION FOR A BUSINESS LICENSE

Commissioner of the Revenue (757) 890-3383

Office Use Only

Acct#: _____

Date Received: _____

** For Use by Barbers, Beauticians and Nail Technicians** Using a location that does not require Zoning

Type of Ownership: Individual Partnership Corporation Limited Liability Company
Applicant/Owner: (BASED ON OWNERSHIP)
Trade Name:
Mailing Address: Street # Street Name Suite/Unit/Apt # City State Zip Code
Business Address: Street # Street Name Suite/Unit/Apt # City State Zip Code
Name of Business Where Work Will Be Performed: Estimated Establish Date: MM-DD-YYYY
Federal I.D. # Social Security # State Sales Tax ID #
Email Address: Website Address:
Local Business Phone: Corp./Main Office Phone:
Cell Phone: Fax Number:

Detailed Description of ALL Proposed Business Activities*: (Example: Personal Service-Barber/Hair Stylist; Personal Service-Nail Technician; RETAIL-Beauty Products):

* Please supply a copy of your current Department of Professional and Occupational Regulations (DPOR) License with the application*

Applicant/Ownership Information (PLEASE PRINT)

List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above Company.

Table with 3 columns: Name, Title, SS#, Home Address, Home Phone, Cell Phone. Two rows for identification information.

Office Use Only Proof of Identification: Valid through: (Two boxes for identification verification)

PERSONAL SERVICE TAX ASSESSMENT

Estimated Actual \$ GROSS RECEIPTS ROUNDED FEE OR \$ TAX = \$ TOTAL DUE

RETAIL MERCHANT TAX ASSESSMENT

Estimated Actual \$ GROSS RECEIPTS ROUNDED FEE OR \$ TAX = \$ TOTAL DUE

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, and that I understand the limits of this license.

Printed Applicant(s) Name: _____

Applicant(s) Signature: _____ Date: _____