



COUNTY OF YORK

Office Use Only

APPLICATION FOR STARTING A **NEW COMMERCIAL BASED** BUSINESS

Acct#: _____

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3524 (757) 890-3522 (757) 890-3600

Date
Received: _____

Type of Ownership: ▪ Individual ▪ Partnership ▪ Corporation ▪ Limited Liability Corp.

Applicant/Owner:
(BASED ON OWNERSHIP) _____

Trade Name: _____

Date Business Established in York County: _____
MM-DD-YYYY

Federal I.D. # _____ State I.D. # _____ Social Security # _____

Detailed Description of ALL Proposed Business Activities* - (Examples: Professional-Lawyer; Repair-Auto; Consultant-Computer; Retail-Beauty Products):

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Fictitious Name Documents Reviewed: _____
Initials or N/A

***If your business activity changes after the initial application, contact the office of the Commissioner of the Revenue prior to initiating the change to determine if it affects your business classification.**

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.

Name	Title	SS#	<i>Office Use Only</i> Proof of Identification: _____
Home Address	Home Phone	Cell Phone	
Name	Title	SS#	<i>Office Use Only</i> Proof of Identification: _____
Home Address	Home Phone	Cell Phone	
Name	Title	SS#	<i>Office Use Only</i> Proof of Identification: _____
Home Address	Home Phone	Cell Phone	

TAX ASSESSMENT – BASED ON ESTIMATED GROSS RECEIPTS

CLASSIFICATION OF LICENSE – BASED ON DETAIL DESCRIPTION OF BUSINESS ACTIVITY: _____

\$ _____ \$ _____ OR \$ _____ + \$ _____ = \$ _____

ESTIMATED GROSS RECEIPTS ROUNDED FEE TAX FLAT FEES TOTAL DUE

FILING PERIOD ESTIMATE _____ THROUGH _____

MM-DD-YYYY MM-DD-YYYY

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. Furthermore, I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed to be approval to actually operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by applicable Zoning, Building and Fire Codes.

Applicant's Name: **PLEASE PRINT** _____

Applicant's Signature: _____ Date: _____



Acct#: _____

**COUNTY OF YORK
APPLICATION FOR ZONING, BUILDING, AND FIRE APPROVAL
FOR**

NEW COMMERCIAL BASED BUSINESS

Commissioner of the Revenue * Zoning & Code Enforcement * Building Regulations * Fire & Rescue
(757) 890-3383 (757) 890-3523 (757) 890-3522 (757) 890-3600

▪ Existing Commercial Bldg. OR ▪ New Commercial Building

Applicant/Owner: _____
(BASED ON OWNERSHIP)

Trade Name: _____

Mailing Address: _____
Street # Street Name Suite/Unit/Apt. # P. O. Box
City State Zip Code

Business Address: _____
Street # Street Name Suite/Unit/Apt. # City State Zip

Location Name: _____
OFFICE BLDG. * SHOPPING CENTER * INDUSTRIAL PARK * SUBDIVISION

Email Address: _____ Website Address: _____

Local Business Phone: _____ Corp./Main Office Phone: _____

Cell Phone: _____ Fax Number: _____

Detailed Description of ALL Proposed Business Activities, and a Description of any Equipment, Vehicles or Chemicals to be Located or Stored on the Property: _____

Existing Commercial Bldg: **Is Facility to be Altered? ▪ Yes ▪ No If Yes, Describe, in detail, the proposed changes:

***Prior to making any alterations you may be required to submit a building permit to the Building Regulations Office.**
Contact the Building Office at the number above.*

DECLARATION: I declare that the statements hereon are true, full and correct to the best of my knowledge and belief. Furthermore, I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed to be approval to actually operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by applicable Zoning, Building and Fire Codes for use, for the location, and for any site or building alterations that are proposed or necessary.

Applicant's Name: **PLEASE PRINT** _____

Applicant's Signature: _____ Date: _____

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COMMISSIONER OF THE REVENUE

Business that have operated in this location in the past: _____

SIGNATURE TITLE DATE

BUILDING REGULATION

APPROVED DISAPPROVED
COMMENTS: _____

SIGNATURE TITLE DATE

ZONING & CODE ENFORCEMENT

APPROVED DISAPPROVED
COMMENTS: _____

SIGNATURE TITLE DATE

PUBLIC SAFETY * FIRE AND RESCUE

APPROVED DISAPPROVED
COMMENTS: _____

SIGNATURE TITLE DATE