



THE PLACE TO BE.  
**CHRISTIANSBURG VA**  
DEPARTMENT OF FINANCE

100 East Main Street  
Christiansburg, VA 24073  
p: (540) 382-9519  
f: (540) 382-3762

## New Business License Application Form

## Account Number

**Business Type (select one)**  Partnership  Individual  Corporation  Limited Liability Company

\*\*If business is a corporation or an LLC, please fill out the attached schedule for partners and corporate officers **including yourself**

Name of Business

DBA \_\_\_\_\_

Name of Owner \_\_\_\_\_ Date Business Established \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Business Location** **OFFICE USE ONLY**

Zoning Approval  Building Approval

Contact Email

**Social Security Number or Federal Tax ID**

Bank Name & Address (for collection purposes)

**\*Required\* Contractors Attach Liability Insurance Certificate**

Rate  $\frac{\text{d}y}{\text{d}x}$  is the slope of the tangent line to the curve  $y = f(x)$  at the point  $(x, y)$ .

License Fee (\$30 minimum) \$

**I(we) do hereby certify that the amount returned as total gross from my(our) business or profession as reported herein is true and correct, and that I(we) am(are) familiar with the Town Ordinance providing penalties and interest.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Partner(s)/Corporate Officer(s)- Including yourself if you are the sole partner

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Registered Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_