

2024 BUSINESS LICENSE APPLICATION CITY OF MANASSAS

COMMISSIONER OF THE REVENUE

9800 GODWIN DR • PO BOX 125, MANASSAS, VA • 20108-0125 • (703) 257-8214

LICENSE #

PLEASE PRINT OR TYPE EXACT			
	LY AS LICENSE	IS TO BE ISSUED	
RADE NAME			
USINESS LOCATION			
USINESS MAILING ADDRESS (if different from business location)			
US PHONE CELL/HOME	FAX		
ONTACT NAME			
TYPE OF BUSINESS		START DATE	
ETAILED DESCRIPTION F BUSINESS ACTIVITY			
OCCUPANCY/USE /HOME OCCUPATION PERMIT #	ISSUE DATE		
If not required, Zoning Administrator must sign)			DATE
CATEGORY	CODE	RATE	GROSS RECEIPT
CONTRACTORS	30-122	\$0.10 per \$100	INCOLII I
ETAIL MERCHANTS re you providing money transfer and/or check cashing services? yes no	30-123	\$0.12 per \$100	
OMMISSION MERCHANT	30-128	\$0.22 per \$100	
NANCIAL SERVICE	30-125	\$0.35 per \$100	
EAL ESTATE SERVICE	30-126	\$0.33 per \$100	
ROFESSIONAL SERVICE	30-126	\$0.33 per \$100	
DEDAID DEDCOMAL AND DISCINESS SEDVICE	30-128	\$0.22 per \$100	
REPAIR, PERSONAL AND BUSINESS SERVICE		 	
WHOLESALE MERCHANT	30-129	\$0.05 per \$100	

NOTICE: Failure to receive the annual renewal application does not relieve the taxpayer of the obligation to file before March 1. Failure to file the annual renewal application by March 1 will result in a late file penalty of 10% of the tax assessable. It is a Class 1 misdemeanor for any person to intentionally submit an application that he/she does not believe to be true and correct as to every material matter - VA Code 58.1-11. Businesses are subject to audit by the Commissioner of the Revenue pursuant to VA Code 58.1-3109.

ALCOHOLIC BEVERA	GES – ADDITIONAL CHARGES				
BEER & WINE ON	\$75.00				
BEER ON	\$50.00				
BEER & WINE OFF	\$75.00				
BEER OFF	\$50.00				
BEER & WINE ON & OFF	\$75.00				
BEER ON & OFF	\$75.00				
MIXED BEVERAGES – ADDITIONAL CHARGES					
SEATING CAPACITY 50 - 100	\$200.00				
SEATING CAPACITY 101 - 150	\$350.00				
SEATING CAPACITY 151+	\$500.00				

OWNERSHIP/CORPORATE INFORMATION						
TYPE OF OWNERSHIP	SOLE PROP.	PARTNERSHIP	CORP			
OWNER'S NAME						
ADDRESS						
PHONE		WORK PHONE	Ξ			
CO OWNED'S NAME						
ADDRESS						
PHONE		WORK PHONE	Ξ			
CORPORATE NAME		,				
			INATION			
MAILING ADDRESS						
ATTN:		PHONE NUMBER	R			
REGISTERED AGENT						
ADDDEGG						
PHONE NUMBER		FAX NUMBER	₹			
FEDERAL TAX ID# / SSN		VA SALES TAX ID #	<u> </u>			
ST CONTRACTORS LIC#		EXPIRATION DATE				
DEPT OF HEALTH CERTIFICAT	ΓΙΟΝ # (Food Establishn	nents Only)				
FILING STATUS (CIRCLE ONE)	CALENDAR	FISCAL YEAR END:				