SCOTT A. MAYAUSKY
COMMISSIONER OF THE REVENUE

BUSINESS REGISTRATION FORM

DATE:_____

Business Name _____

DBA_____

Mailing Address _____

Physical Location _____

Check if Business is Home Based _____

Type of Entity: Sole Proprietor_____ Partnership_____ LLC_____ Other_____

If a Corporation, provide the following information:

Corporate Name _____

Corporate Mailing Address _____

_____

Officers of the Corporation _____

_____

Contact Name & Phone # _____

Business Owner's Name _____

SSN of Owner _____-_____-_____ EIN/Fed ID #_____-_____

Business Phone # (_____)_____-_____ Cell Phone # (_____)_____-_____

Home Phone # (_____)_____-_____ Website _____

E-Mail Address _____

Principle Business Activity _____

Date Business Started in Stafford _____

Signature:_____

****If you have vehicle(s) registered in the business or you use a personal vehicle* ***more than 50%*** *in this business, please complete information on the back of this form****

P.O BOX 98 · STAFFORD, VIRGINIA 22555-0339 · PHONE: (540) 658-4132 · commrev@staffordcountyva.gov

Vehicle #1

Year: _____ Make: _____ Model _____

VIN: _____

Vehicle #2

Year: _____ Make: _____ Model _____

VIN: _____

Vehicle #3

Year: _____ Make: _____ Model _____

VIN: _____

Vehicle #4

Year: _____ Make: _____ Model _____

VIN: _____

Vehicle #5

Year: _____ Make: _____ Model _____

VIN: _____