



City of Petersburg
Commissioner of the Revenue

144 N Sycamore St Petersburg, VA 23803
Phone: (804) 733-2315 • Fax: (804) 508-6948
Web: www.petersburg-va.org

**Brittany C.
Flowers**
*Commissioner of
the Revenue*

FORM # _____

BUSINESS LICENSE ACTION FORM

Business Owner Name: _____

Business Owner Mailing Address: _____

Business Trade Name: _____

Business Telephone #: _____ **Cell #:** _____

E-mail: _____

City of Petersburg Business Property Address: _____

Tax Parcel # (Real Estate Map#): _____ **NAICS Code:** _____
<https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2017>

Federal EIN # (if applicable or SSN) _____
<https://sa.www4.irs.gov/modiein/individual/index.jsp>

The SSN is requested ONLY if you do not have a Federal Employee Identification number, your SSN will be used within this system only as a means to uniquely identify your records during the processing and tracking of your Business application.

Type of Business/Detailed Description of Business: _____

Business Owner's Signature: _____ **Date:** _____

Business Property Owner's Signature: _____ **Date:** _____

As the owner, I understand the type of Business at the location listed above and certify that all Real Estate taxes has been paid up to date.

*****IMPORTANT INFORMATION FOR ALL APPLICANTS*****

Prior to the issuance of a business license in the City of Petersburg, the steps listed below must be completed. Issuance of a business license does not relieve business operators of the responsibility of obtaining all other licenses and permits required by law, ordinances or regulations. This license does not authorize any construction activity or structural changes to buildings or structures, which is regulated by the Uniform Statewide Building Code. You must consult with the Code Compliance Office (804-733-2409) for permit requirements. *All departments listed on this form are governed by both City of Petersburg ordinances and the State Code of Virginia.*

Step 1

Billing & Collections 144 N Sycamore St 804-733-2349

Approved Denied

Reasons/Stipulations _____

Date

Signature of Authorized Authority

Step 2

Processing timeframe for this Department 5-7 days

Planning & Community Development (Zoning) 135 N Union St. (3rd Floor) 804-733-2308

pcd@petersburg-va.org

Approved Denied Fee \$100.00

Zoning Designation _____

Reasons/Stipulations _____

(Any aggrieved person may appeal this zoning decision to the Board of Zoning Appeals within 30 days of the date of this decision. It shall be final and un-appealable if not appealed within 30 days. Appeal Fee \$500.00)

Date

Signature of Authorized Authority

Step 3

Will Need to Schedule an Appointment

Fire Marshal Office (Commercial Business) 1151 Ft. Bross Dr. 804-733-2328

Shawkins@petersburg-va.org

Neighborhood Services (Residential Business) 1340 E Washington St. 804-733-2409

Bshupp@petersburg-va.org

Approved Denied

Reasons/Stipulations _____

Date

Signature of Authorized Authority

Step 4

Health Department (If Applicable) 301 Halifax Street 804-863-1652

Approved Denied Fee \$40.00 Paid directly to Health Department; Applies only for Food and Lodging Permits N/A

Reasons/Stipulations _____

(If Not preparing Hot or prepackaged foods please see Health Department affidavit form and turn back into Commissioner of the Revenue office)

Date

Signature of Authorized Authority

Step 5

Commissioner of the Revenue 144 N Sycamore St. 804-733-2315

Approved Denied Fee \$ Min. License fee is \$50 covers up to \$50,000 gross receipts, see code rate sheet for more info.

Reasons/Stipulations _____

Date

Signature of Authorized Authority