



T. Scott Harris
Commissioner

HANOVER COUNTY COMMISSIONER OF THE REVENUE BUSINESS REGISTRATION FORM

P.O. Box 488, Hanover, VA 23069-0488



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For Assistance call (804) 365-6129

NAME OF BUSINESS:	FEIN OR SSN:	RECEIVED DATE OFFICE USE ONLY
PHYSICAL ADDRESS / CITY / STATE / ZIP CODE:		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
NATURE OF BUSINESS:		
DATE BUSINESS ESTABLISHED IN HANOVER:	TELEPHONE NUMBER:	
PREPARED BY: _____		

TAX ENTITY TYPE:		
<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Limited Partnership
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Personal Corporation
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Other:
If not a Sole Proprietorship, please list or attach list of officers: _____		If checked, please specify: _____
Answer only if tax entity type is not a sole proprietorship. List date of formation:		State of formation:

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:			
	QUESTION:	YES	NO
I	WILL THE BUSINESS BE USING ANY ASSETS IN CONDUCTING ITS BUSINESS?		
II	WILL THE BUSINESS HAVE ANY INVENTORY?		
III	WILL THIS BUSINESS BE A HOME BASED OPERATION? IF YOU ANSWER "YES", PLEASE ALSO ANSWER QUESTION IV, OTHERWISE SKIP TO QUESTION V.		
IV	WILL YOU BE TAKING DEDUCTIONS FOR THE BUSINESS ON YOUR FEDERAL INCOME TAX RETURN?		
V	WILL THE BUSINESS BE OPERATING UNDER A TRADE OR FICTIOUS NAME? <small>If you answered "yes", you will be required to register the fictitious name with the Hanover County Circuit Court.</small>		
VI	WILL THE BUSINESS BE OFFERING GUEST ROOMS FOR RENT FOR CONTINUOUS OCCUPANCY FOR FEWER THAN THIRTY (30) DAYS?		
VII	IS THE BUSINESS, AS DEFINED BELOW, CONSIDERED TO BE A CONTRACTOR?		
<p>A contractor as defined by the Hanover County Municipal Code is any person accepting or offering to accept orders or contracts for doing any work on or in any building or structure, requiring the use of paint, stone, brick, mortar, wood, cement, structural iron or steel, sheet iron, galvanized iron, metallic piping, tin, lead or other metal or any other building material; or who shall accept or offer to accept contracts to do any paving, curbing or other work on sidewalks, streets, alleys or highways, or public or private property, using asphalt, brick, stone, cement, concrete, wood or any composition; or who shall accept or offer to accept an order for or contract to excavate earth, rock or other material for foundation or any other purpose or for cutting, trimming or maintaining rights-of-way; or who shall accept or offer to accept an order or contract to construct any sewer of stone, brick, terra cotta or other material. Any person engaging in the business of selling and erecting or erecting tombstones shall not be deemed to be a contractor.</p>			

<p>DECLARATION: I DECLARE THAT THE STATEMENTS AND FIGURES HEREIN GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p>NAME OF PERSON SIGNING THE RETURN: _____</p> <p>DATE: _____</p> <p>TAXPAYER'S SIGNATURE: _____</p>	<p>PLEASE ENTER A NAME, PHONE NUMBER AND LOCATION OF RECORDS SHOULD WE NEED TO CONTACT YOU CONCERNING THIS RETURN.</p> <p>PRINT CONTACT NAME: _____</p> <p>TITLE: _____</p> <p>PHONE# _____ EMAIL ADDRESS _____</p> <p>LOCATION OF RECORDS: _____</p>
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