TOWN OF STEPHENS CITY
BUSINESS LICENSE APPLICATION

The applicant shall provide the following information:

Please print or type all information

Applicant: _____ **Telephone: _____**
(Please use the reverse side to list additional applicants)

Trade Name: _____ **FEIN or SS# _____**

Street Address: _____

E-Mail: _____ **City: _____ St.: _____ Zip:_____**

Owner/Contact Name: _____

Mailing Address: _____

City: _____ St.: _____ Zip: _____

Nature of Business: _____

Gross Receipts **Estimated**
For Year ending
Dec. 31, _____ _____
(Wholesale only-enter purchases)

CONTRACTORS ONLY
Please note: All contractors must have valid Workman's Compensation in effect for the time period covered by this license. Failure to have coverage will cause your license to be revoked**.**

_____ I certify that I am in compliance with the provisions of the Virginia Workman's Compensation Act, and I will notify the Town of Stephens City if this coverage lapses during the period that this license is in effect.

I hereby swear (or affirm) that the statements are true, full and correct to the best of my knowledge.

_____ _____
Signature Date

ZONING STAFF REVIEW
Zoning classification approved for this type of business

Approved by: _____ **_____**
Signature **Date**