



**2010 BUSINESS LICENSE APPLICATION
CITY OF MANASSAS
JOHN P GRZEJKA, COMMISSIONER OF THE REVENUE**

9027 CENTER STREET • POST OFFICE BOX 125 • VIRGINIA • 20108-0125 • (703) 257-8214

LICENSE # _____

PLEASE PRINT OR TYPE EXACTLY AS LICENSE IS TO BE ISSUED

TRADE NAME _____

BUSINESS LOCATION _____

BUSINESS MAILING ADDRESS (if different from business location) _____

PHONE _____

FAX _____ CONTACT NAME _____

E-MAIL ADDRESS _____

NATURE OF BUSINESS _____ DATE STARTED IN CITY _____

OCCUPANCY/USE /HOME OCCUPATION PERMIT # _____ ISSUE DATE _____

(If not required, Zoning Administrator must sign) _____ DATE _____

CATEGORY	CODE	RATE	GROSS RECEIPTS
CONTRACTORS	30-122	\$0.10 per \$100	
RETAIL MERCHANTS			
Are you providing money transfer and/or check cashing services? Yes No	30-123	\$0.12 per \$100	
COMMISSION MERCHANT	30-128	\$0.22 per \$100	
FINANCIAL SERVICE	30-125	\$0.35 per \$100	
REAL ESTATE SERVICE	30-126	\$0.33 per \$100	
PROFESSIONAL SERVICE	30-126	\$0.33 per \$100	
REPAIR, PERSONAL AND BUSINESS SERVICE	30-128	\$0.22 per \$100	
WHOLESALE MERCHANT	30-129	\$0.05 per \$100	
UTILITY	30-130,131	1/2 of 1%	

I CERTIFY THAT THE STATEMENTS AND FIGURES SET FORTH ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME _____

SIGNATURE _____

DATE _____

Office Use Only	
TAX	_____
ADD'L CHGS	_____
PENALTY	_____
INTEREST	_____
TOTAL	_____
INITIALS	_____

ALCOHOLIC BEVERAGES – 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 _____

CO-OWNER'S NAME _____

ADDRESS _____

PHONE _____ WORK PHONE _____

CORPORATE NAME _____

DATE OF INCORPORATION _____ STATE OF ORIGINATION _____

MAILING ADDRESS _____

ATTN: _____ PHONE NUMBER _____

PRESIDENT _____

REGISTERED AGENT _____

ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

FEDERAL TAX ID# / SSN _____ VA SALES TAX ID # _____

ST CONTRACTORS LIC# _____ EXPIRATION DATE _____

DEPT OF HEALTH CERTIFICATION # (Food Establishments Only) _____

FILING STATUS (CIRCLE ONE) CALENDAR FISCAL YEAR END: _____