$City \ of \ Richmond$

Department of Finance 900 East Broad Street Room 103



Richmond, VA 23219 Office: (804) 646-6662 Fax: (804) 646-5848

www.rva.gov

NEW BUSINESS LICENSE INCENTIVE APPLICATION

Date of Application:			
Business Name:	s Name: Business Phone Number:		
Business Classification (Retail, Professional, etc.):			
Former address (if applicable):			
City:	State:		Zip:
Physical City of Richmond Address			
City:	State:		Zip:
Date Business Started or Relocated to Richmond:			
New Business License Incentive Questionnaire:			
1. Is the business currently active?YN			
2. Does the business currently operate in Richmond?YN			
3. Does the business have any subsidiaries currently operating in Richmond?N			
4. Does your new business generate \$250,000 or more in revenue per year?N			
5. Is the business classified as a Peddler, Contractor, or Itinerant Merchant?YN			
6. Is the business or its affiliate's delinquent on any Richmond taxes?YN			
I hereby certify that the above information is true and correct to the best of my knowledge.			
Signature of Applicant:			
OFFICE USE ONLY:			
Application Received Date:	Pursuant to City Code § 26-874 Exemption Requirements Met:	Processors Initials and Date:	Director's Determination:
	☐ Yes ☐ No		☐ Approved ☐ Denied
Director's Signature: Date:			