



Susan L. Draper
 Commissioner of the Revenue
 P.O. Box 1459
 Suffolk, VA 23439-1459
 ADDRESS SERVICE REQUESTED

2019

Acct #	Bus. Lic. #
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Main Office (757) 514-4260 Branch Office (757) 514-7182
 email: bustax@suffolkva.us

Renewal Application

for

CITY OF SUFFOLK BUSINESS LICENSE

RENEWAL APPLICANTS MUST FILE AND PAY ALL TAXES DUE BY

MARCH 1st, 2019

Name:
 Trade Name:
 Address:

Business Address	
Date business began in Suffolk	
Social Security #	
FEIN	
Phone	
Fax	
Cell	

Type of License	Fee	Rate per \$100.00	Type of License	Fee	Rate per \$100.00

If gross receipts exceed \$100,000.00, apply tax rate to ALL receipts. If gross receipts are less than \$100,000.00, enter your gross receipts and pay fee only. Alcoholic beverage license: pay fee only (include gross receipts in retail merchant license).

Note: Provide 2019 estimated gross receipts ONLY if business began in 2018 or business is a Non-Suffolk contractor

CODE	TYPE OF LICENSE	2018 Actual Gross Receipts Jan 1-Dec 31	2019 Estimated Gross Receipts Jan 1-Dec 31	TAX or FEE	TOTAL
1					
2					
3					
4					
5	Complete the worksheet on reverse side ONLY ■ If the business began after January 1, 2017 and gross receipts exceeded \$100,000. ■ If the business is a non-Suffolk contractor.				Prior Year Adjustment
					* Penalty 10%
*Penalty will be applied if not paid by March 1.					
TOTAL TAX DUE					\$

I hereby certify that the information presented on this statement is complete and accurate.

Authorized Signature _____ Printed Name/Title _____ Date _____ Phone # _____

Email: _____

If no longer engaged in business in the City of Suffolk, please check the box. <input type="checkbox"/> Date closed: _____
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