



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

2016

Main Office (757) 514-4255 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**

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 2016 estimated gross receipts ONLY if business began in 2015 or business is a Non-Suffolk contractor

CODE	TYPE OF LICENSE	2015 Actual Gross Receipts Jan 1-Dec 31	2016 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, 2014 and gross receipts exceeded \$100,000. ■ If the business is a non-Suffolk contractor and gross receipts exceeded \$100,000.				Prior Year Adjustment
					* Penalty 10%
*Penalty will be applied if not paid by March 1.					
<b>TOTAL TAX DUE</b>					<b>\$</b>

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.  Date closed: \_\_\_\_\_

**ATTENTION  
ALL CONTRACTORS**

Ø Code of Virginia § 54.1-1111 (B) requires all contractors to furnish their Virginia license/certificate number *or* if a state license is not required, you must complete and return the Virginia Contractors Exemption Form enclosed.

Class A  no. \_\_\_\_\_ Class B  no. \_\_\_\_\_ Class C  no. \_\_\_\_\_

Ø Contractor's Certification of Insuring Liability for Workers' Compensation in Virginia (VWC Form 61A) **MUST** be submitted pursuant to § 58.1-3714 of the State Code of Virginia.  
The Business License cannot be issued without this form.

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**WORKSHEET TO COMPUTE PRIOR YEAR ADJUSTMENT**  
(calculating line 5 on reverse)

Complete If:   ▪ The business began after January 1, 2014  
                          **OR**  
                          ▪ The business is a non-Suffolk contractor

1.	2015 <u>Actual</u> gross receipts/purchases	
2.	Tax /Fee (see application for tax rate)	
3.	2015 <u>Estimated</u> gross receipts/purchases (per 2015 application)	
4.	Tax or fee paid on estimated gross receipts/purchases (per 2015 application)	
5.	Line 2 less Line 4 - Enter result on Line 5 of the reverse side in the Total column ▪ If amount is positive-additional tax is due for <u>under</u> estimate of 2015 gross receipts ▪ If amount is negative-a credit is due for <u>over</u> estimate of 2015 gross receipts	

**NOTE: Proof of gross receipts must be submitted upon request**

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**PAYMENT OPTIONS**

File and pay online at [www.suffolkva.us/comrev](http://www.suffolkva.us/comrev)  
Pay by check-make payable to City of Suffolk, Treasurer.

**A 10% PENALTY ON THE TAX WILL BE ADDED IF LICENSE IS NOT PAID BY MARCH 1ST.**

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