



County of Bath Business License Request Form

Commissioner of the Revenue, P.O. Box 130; Warm Springs, VA 24484

(540)839-7231 Fax (540)839-7234

Email: agrimm@bathcountyva.org

Business License Application

DUE DATE: JANUARY 15TH

FEE: \$10

Applicant Information:

Applicant Name:		
Trade Name (DBA):		
Corporate Name:		
FEIN, State ID Number, OR SSN:		
Mailing Address:		
Email:		Website:
Phone:	Cell:	Fax:

Business Information:

Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Incorporated <input type="checkbox"/> S-Corp		
Business Physical Address (if Different from Above):		
CONTRACTORS DPOR License number:	Class:	Expiration Date:
Description of business activity or services provided:		
Declaration: I declare that the statements herein given are true and correct to the best of my knowledge and belief.		
Print Name: _____ Title: _____		
Signature: _____ Date: _____		
Disclaimer: This application, upon approval, entitles the applicant to a county business license. This said license in no way is meant to override any Federal, State, or local law or official requirements. It shall be the duty of the business to ensure all laws and official requirement are met.		

OFFICE USE ONLY

RECEIVE DATE: _____ PAYMENT DATE: _____

ISSUE DATE: _____ LICENSE #: _____ ACCOUNT # _____