



James M Gillie
COMMISSIONER

City of Danville
OFFICE OF
COMMISSIONER OF THE REVENUE



311 MEMORIAL DRIVE
PO BOX 480
DANVILLE, VIRGINIA 24543
(434) 799-5145

NEW BUSINESS LICENSE FORM

TRADE NAME _____

FED TAX ID OR SS # _____ ESTIMATED GROSS UNTIL YEAR END _____

MAILING ADDRESS _____

LOCAL BUSINESS ADDRESS _____

LOCAL BUSINESS PHONE # _____ EMAIL _____

NATURE OF BUSINESS _____

CONTACT PERSON _____ TITLE _____ PHONE# _____

CHECK APPLICABLE AND SUPPLY INFORMATION RELATING TO OWNERSHIP



____ **INDIVIDUAL** NAME _____ SS# _____

HOME ADDRESS _____

____ PHONE # _____

____ **PARTNERSHIP** NAME (1) _____ SS# _____

HOME ADDRESS _____

____ PHONE # _____

NAME (2) _____ SS # _____

HOME ADDRESS _____

____ PHONE # _____

____ **CORP OR LLC** NAME _____

ADDRESS OF CORP. OFFICE _____

PHONE # OF CORP. OFFICE _____

CONTRACTORS (PROVIDE STATE LICENSE #)

CLASS A # _____ CLASS B # _____ CLASS C # _____

TYPE OF CONTRACTOR _____

BEGINNING DATE OF BUSINESS IN DANVILLE _____

SIGNATURE _____ DATE _____ (PARTNER) _____