

Jenefer S. Hughes,
MBA, ACA, MCR
Commissioner

Gloria House,
MPA, MDCR
Chief Deputy Commissioner

COMMISSIONER OF THE REVENUE

Chesterfield County

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Chesterfield, Virginia 23832-0908
(804) 748-1281 Fax (804) 796-3236
www.chesterfield.gov/comrev cor@chesterfield.gov



Classification Affidavit- Supplemental Questions Please complete the following:

1. Name of business as it appears on the license application.

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2. Have you acquired a tax ID number from the IRS? Please check.

Yes	No	N/A
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3. Have you registered this business with the State Corporation Commission (SCC) as a LLC, LP, or Corporation? Please check.

Yes	No	N/A
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4. Have you registered this business for a fictitious name for any of the following?
Please check all applicable.

Sole Proprietorship	Yes	No	N/A
Partnership	Yes	No	N/A
LLC	Yes	No	N/A
Corporation	Yes	No	N/A

5. List the name(s) and titles (Corporate Officers, LLC Members, or Partners) of the business owners.

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6. Total number of employees: _____

7. Describe in detail the nature of the business.

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8. Are you applying for any of the following? Please check.

Restaurant	Yes	No	N/A
Food Truck	Yes	No	N/A
Restaurant and Food Truck	Yes	No	N/A

If you answered "Yes" to any of the above, a copy of your Department of Health permit must be submitted with your application.

9. Does the business have or intend to apply for an ABC license? ABC license(s) must be active and cannot be transferred from previous owner. Please check.

Yes	No	N/A
If yes, please check all applicable:		
Beer & Wine Sales	Yes	No
Mixed Beverage Sales	Yes	No
Seating Capacity	1-100	101-150
		Over 150
If yes, please provide ABC license number(s):		

10. Is the business required to collect VA Sales Tax? Please check.

Yes	No	N/A
If yes, provide your VA State Sales Tax ID number:		

11. Will the business involve internet raffles, online gambling, games of chance or similar activities? Please check.

Yes	No	N/A
If yes, please describe:		

12. Will the business involve a classification as a night club operator, taxi driver, solicitor, operating an adult bookstore, or adult motion picture theater? Please check.

Yes	No	N/A
<p>If yes, a copy of your Chesterfield Police Department permit must be submitted with your application.</p>		

13. Are you applying for a business license for a group home? Please check.

Yes	No	N/A
<p>If yes, a copy of your state license from the Department of Social Services must be submitted with your application.</p>		

14. Are you applying for a license for an at home day care or day care facility? Please check.

Yes	No	N/A
Number of children you are caring for: (do not include your own children)		
<p>If you are caring for more than 5 children, a copy of your state license from the Department of Education must be submitted with your application.</p>		

15. Does your business consist of trucking or logistics? Please check.

Yes	No	N/A
<p>If yes, please provide your USDOT number (if applicable):</p>		

16. Are you a non-profit organization (501c3)? Please check.

Yes	No	N/A
<p>If yes, a copy of your IRS designation letter must be submitted with your application.</p>		

17. Does your business involve providing security services? Please check.

Yes	No	N/A
<p>If yes, a copy of your DCJS license must be submitted with your application.</p>		

18. Does your business sell gasoline? Please check.

Yes	No	N/A
If yes, check one of the following:		
I receive commissions on gasoline sales	I pay excise tax on gasoline sales	

19. Does your business perform contractor services (e.g., painting, HVAC, plumbing, electrical, etc.)? Please check.

Yes	No	N/A
If yes, please provide your DPOR license number:		
ALL contractors are required to submit the Certificate of Workers' Compensation Insurance (form 61A). If you have an electronic certification, please submit the form electronically or provide a copy of the form with your application.		
If you need to complete a Worker's Comp form, it can be found here: https://workcomp.virginia.gov/sites/default/files/forms/Certificate-of-Workers-Compensation-Insurance-Form-61A_0.pdf		

20. Are you a 1099-NEC employee? Please check.

Yes	No	N/A
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21. How are you compensated for services provided to customers? Please check all applicable.

Payment for products sold	Yes	No
Payment for services rendered	Yes	No
Commissions	Yes	No
Brokerage fees	Yes	No

Affidavit

Please be advised that Chesterfield County zoning ordinances do not permit businesses to operate on all property. If the Commissioner of the Revenue issues a business license, it is still your responsibility to confirm with Chesterfield County's Planning Department that your business operation complies with the county zoning laws. The Commissioner of the Revenue reserves all rights to revoke any license(s) if a violation of the certification has occurred.

The undersigned hereby affirms under oath:

- **The requested business license covers only the business activities listed above**
- **The property is correctly zoned for all licensable business activities conducted at the location address provided**
- **All state requirements have been met according to Section 6-2 of the Chesterfield County Code of Ordinances.**
- **I certify that the information on this declaration is true and correct.**

PRINT NAME	SIGNATURE

County of Chesterfield, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

By, _____
(Name of person seeking acknowledgement or customer name)

Notary Public _____

_____ My commission expires on: _____

FOR OFFICE USE ONLY

BUSINESS NAME	
ACCOUNT NUMBER	
FEIN	
NAICS	