



Jenefer Hughes, MBA, ACA  
Commissioner of the Revenue

**BUSINESS LICENSE CLASSIFICATION**  
**AFFIDAVIT**

(To be completed by the person applying for the business license)

Zoning Approval Signature & Date

FEIN/SSN \_\_\_\_\_

Business Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Street Address of Business (No PO box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Phone \_\_\_\_\_

Number(s): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Print names and titles (Corporate Officers, LLC Members or Partners) of the business owners:

Describe in detail the nature of **each** of your business activities for which you are compensated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An open business is in the same location you are requesting. Please explain: \_\_\_\_\_

**Circle** with whom you do business. You may select more than one option (i.e. other businesses, private individuals, walk-in customers, internet customers, other \_\_\_\_\_)

**Circle** the nature of your compensation. You may select more than one option (i.e. payments for products sold, payment for services rendered, commissions, brokerage fees, or other \_\_\_\_\_)

**\*\*\* AFFIDAVIT \*\*\***

Please be advised that the County's Zoning Ordinance does not permit businesses to operate on all property. Even if the County issues you a business license, it is your responsibility to confirm with the County's Planning Department that your business operation complies with the County's zoning laws.

**The undersigned hereby affirms under oath that the business license requested covers only the business activities listed above. The undersigned further affirms under oath that the property is properly zoned for the licensable business activities conducted there. This affidavit can be notarized in the Commissioner of the Revenue's Office at no cost.**

\_\_\_\_\_  
Please 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: \_\_\_\_\_