

**CHESTERFIELD COUNTY COMMISSIONER OF THE REVENUE  
BUSINESS CLASSIFICATION INFORMATION**

Taxpayer's Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Website: \_\_\_\_\_

Business Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Entity Type:  Sole Proprietorship  Partnership  Corporation  LLC  Other \_\_\_\_\_

Federal ID No.: \_\_\_\_\_ Owner's SSN: \_\_\_\_\_

Date business began in Chesterfield County: \_\_\_\_\_ Estimated gross receipts: \_\_\_\_\_

If your business involves sales of products, **check all of the following that apply:**

- I take title to the products sold
- I take possession of products sold
- I receive commissions for products sold (no ownership)
- I receive brokerage fees
- I hold inventory in Chesterfield County
- I sell at wholesale: to industrial/commercial users
- I sell at retail: to individuals/end users:
  - I am a direct seller (Avon, Mary Kay, etc.)
  - I sell products over the internet
  - I have walk-in customers
  - My products are both warehoused and delivered from the business location listed above
  - My products are drop shipped from the supplier or manufacturer directly to the customer

For possible classification as a manufacturer, describe the primary business activity, beginning with the raw materials used, and include **a description of the process applied to these materials** and a description of the product resulting from the processing of these materials. Please indicate whether any part of the process is subcontracted to an independent third party.

Who owns the raw materials used in this process? \_\_\_\_\_

Are there other business activities performed at this location, such as repair, service, other sales, etc.? \_\_\_\_\_

Is the finished product both warehoused and delivered from the business location listed above? \_\_\_\_\_

Are all of the business activities described above conducted in Chesterfield County? \_\_\_\_\_

What percentage of the finished product do you install?

In terms of revenue generated, what percentage of the business activities involve:

Wholesale sales: \_\_\_\_\_ Retail sales: \_\_\_\_\_ Service/Repair: \_\_\_\_\_ Other: \_\_\_\_\_

**Please include your business literature and pictures of your products or processes, if available.**

List the types of machinery and tools used in the process. If any such property is not owned by the business, please indicate this and include the name and address of the owner.

**Include any other information relevant to the determination of your business classification.**

This information is true and correct to the best of my knowledge and belief:

Name of authorized agent: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of authorized agent: \_\_\_\_\_

Date: \_\_\_\_\_