



BUSINESS TAX APPLICATION

The City of Richmond Municipal Code Section 7.04 requires all businesses to pay a business tax, but such payment does not authorize an applicant to do business in the City. All businesses must comply and continue to comply with all laws of the City, including but not limited to its zoning, building, planning, and fire regulations.

FINANCE DEPARTMENT USE ONLY																					
Business License No.:																					
NAICS / PBA Codes:																					
Type: <input type="checkbox"/> New Business <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Renewal																					
Description of Business Activity:		Number of Employees:	Business Start Date:																		
Business Name:																					
Business Location (NO P.O. BOX): (Street, City, State, Zip)																					
Mailing Address: (Street, City, State, Zip)																					
Phone:	Fax:	Cell:	Emergency:																		
FEIN/SSN:	Seller's Permit:	Email:																			
Contractor's State Lic. No.:		Expiration Date:																			
Ownership: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC																					
Primary Business Owner's Name:		Co-Owner's Name:																			
Home Address:		Phone:																			
Refer to the attached instructions <table style="width: 100%; border-collapse: collapse;"> <tr><td>A. Registration</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>B. Estimated Gross Receipts (or payroll for Class I)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>C. Tax Rate Class ____ (See Classification Chart)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>D. Subtotal (Line B x Line C)</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>E. Penalty</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>F. State Mandated Disability Fee</td><td style="text-align: right;">\$ <u>4.00</u></td></tr> <tr><td>G. Total Amount Due</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>H. Add 2% of Line G if paying by card</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>I. Total Due with processing fee</td><td style="text-align: right;">\$ _____</td></tr> </table>		A. Registration	\$ _____	B. Estimated Gross Receipts (or payroll for Class I)	\$ _____	C. Tax Rate Class ____ (See Classification Chart)	\$ _____	D. Subtotal (Line B x Line C)	\$ _____	E. Penalty	\$ _____	F. State Mandated Disability Fee	\$ <u>4.00</u>	G. Total Amount Due	\$ _____	H. Add 2% of Line G if paying by card	\$ _____	I. Total Due with processing fee	\$ _____	Are you a family daycare? If yes, attach state license <input type="checkbox"/> Are you a contractor? <input type="checkbox"/> Are you a subcontractor? <input type="checkbox"/> Are you a nonprofit? If yes, attach IRS document. <input type="checkbox"/> Are you a massage therapist? If yes, attach state license <input type="checkbox"/> Are you a food vendor? If yes, provide health permit <input type="checkbox"/> Are you a Veteran? If yes, provide proof <input type="checkbox"/>	
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Gender: <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female Ethnicity: <input type="checkbox"/> Yes-Hispanic or Latino <input type="checkbox"/> No-Not Hispanic or Latino																					
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races																					
Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Active																					
I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge; that I am licensed or otherwise qualified to conduct the business described in this application; and that I do not intend to engage in or allow criminal activity on the business premises. I agree to comply with all requirements of Zoning, Building, Fire and all other applicable laws, ordinances and regulations pertaining to the operation of such businesses. The issuance of this license does not constitute the City's consent that the holder of such license may operate a business in violation of any such codes or regulations.																					
		X _____	_____																		
		Signature	Date																		
FOR PLANNING DIVISION USE ONLY																					
Planner:		Title:	Date:																		
Zoning District:		Code Section:	Use Type:																		
The use type is Allowed in the Zoning District		The use type is Conditionally Allowed in the Zoning District with a Conditional Use Permit	The use type is Not Allowed in the Zoning District																		