CULPEPER COUNTY COMMISSIONER OF THE REVENUE

TERRY L. YOWELL, MCR
PO BOX 1807
151 N MAIN ST, SUITE 201
CULPEPER VA 22701
PHONE: (540) 727-3443 FAX: (540) 727-3472

BUSINESS REGISTRATION FORM

Please Check One:

( ) New Business ( ) Name Change – Prior Name: _____

( ) Sole Proprietor ( ) Partnership ( ) LLC ( ) Incorporated ( ) Other (explain): _____

Business Start Date in Culpeper: _____

Registered Name of Business or Individual Name if Sole Proprietor:

_____

Trade Name: _____

Mailing Address of Business: _____

Physical Address of Business: _____

(Note--Businesses located in Town of Culpeper, must contact Town Business License Clerk)

Phone Number of Business: (____) _____ E-Mail: _____

Nature of Business: _____

Federal Identification Number: _____

Social Security Number, if applicable: _____

Contact Person(s) & Phone Number(s): _____

CONSENT TO RECEIVE AND RELEASE:

I, _____(business owner) hereby authorize _____ as my agent/representative to receive and release confidential information related to my business account unless and until revoked in writing to the Commissioner of the Revenue.

Pursuant to Code of Virginia §58.1-11, any such person who willfully subscribes any such return which he/she does not believe to be true and correct as to every material matter shall be guilty of a Class I misdemeanor.

DECLARATION BY TAXPAYER: I declare that the foregoing statements are true, full and correct to the best of my knowledge and belief.

_____ SIGNATURE

_____ DATE

Helpful Websites:

web.culpepercounty.gov

www.irs.gov
(federal forms & SS-4 form to obtain Tax ID)

www.tax.virginia.gov

www.tax.virginia.gov/taxforms/Business/Registration/R-1.pdf
(registration of business name, locations, & tax types)

www.business.virginia.gov

www.scc.virginia.gov

Other County Department Contact Info:

Circuit Court 727-3438
(fictitious name affidavit)
Location: 135 W Cameron St
Courthouse

Planning & Zoning 727-3404
Location: 302 N Main St
Administration Building

Health Department 829-7350
(food preparation and lodging businesses)
Location: 640 Laurel St (next to hospital)

Notice to Business Owner: This is NOT an all-inclusive list of requirements for operating a business. The business owner is responsible for complying with all laws and regulations associated with owning and operating a business, notifying the affected offices of any ownership or address change and if the business ceases to operate.

For Office Use Only:
Date Received: _____ Received By: _____
Existing Acct #: _____ New Acct #: _____
Effective Year: _____