



**TOWN OF CHARLOTTE COURT HOUSE**

P.O. Box 246

Charlotte Court House, VA 23923

## BUSINESS LICENSE APPLICATION

**Filing Fee: \$30.00**

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

Taxpayer Identification #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Retail Sales  
(check all that apply) \_\_\_\_\_ Professional Service Provider  
\_\_\_\_\_ Restaurant / Sales of Food and Beverages  
\_\_\_\_\_ In-Home Occupation  
\_\_\_\_\_ Other: \_\_\_\_\_

Description of Business: \_\_\_\_\_  
\_\_\_\_\_

Physical address of business: \_\_\_\_\_

Do you rent business location? ☐ Yes (If yes, provide landlord information below) ☐ No

Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Mailing address of business: \_\_\_\_\_  
\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Owner Name (please print): \_\_\_\_\_

Owner Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Owner Telephone: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOWN OFFICE USE ONLY

Zoning of Property: \_\_\_\_\_

Application is Approved: \_\_\_\_\_

Application is Denied: \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

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

Zoning Administrator or Designee