



CITY OF BUENA VISTA

Zoning Verification for Business License

CITY OF BUENA VISTA
Office of Planning and Zoning
2039 Sycamore Avenue
Buena Vista VA 24416

Submission Date: _____

APPLICANT INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

PHYSICAL LOCATION OF PROPERTY

Address:					
If none, describe location:					
Tax Map Number:		Zoning:			

DESCRIPTION OF BUSINESS

Zoning Code Reference:

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BUSINESS INFORMATION				
Ownership Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)		
	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corp		
	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Other:		
Federal ID Number:				
State Sales Tax Number:		Employees:		
Business Trade Name:				
Business Physical Address:				
City:		State:		Zip:
Business Mailing Address:				
City:		State:		Zip:
Phone:				

BUSINESS INFORMATION – ALL Partners/Registered Agents	
Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	

APPLICANT SIGNATURE			
Printed Name:		Title:	
Signature:		Date:	
Zoning Administrator:		Date:	
Staff Comments:			