



## CITY OF BUENA VISTA

### Zoning Verification for Business License/Non-Residential Use

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

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

Fee: \$15.00

#### APPLICANT INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Email:				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:

--	--	--	--	--	--

<b>BUSINESS INFORMATION</b>					
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:		
<b>Business Name:</b>					
Business Physical Address (Headquarters):					
City:		State:		Zip:	
Business Mailing Address (Headquarters):					
City:		State:		Zip:	
Phone:					

<b>BUSINESS INFORMATION – Partners/Registered Agents if Partnership or Corporation</b>	
Name	
Address	
Name	
Address	
Name	
Address	

<b>APPLICANT SIGNATURE</b>			
Printed Name:		Title:	
Signature:		Date:	
Zoning Administrator:		Date:	
<b>Staff Comments:</b>			

Completed form must be approved by Zoning Administrator prior to issuance of business license. Submit form by email to [troberts@bvcity.org](mailto:troberts@bvcity.org) or in person/by mail at City of Buena Vista, 2039 Sycamore Ave, Buena Vista VA 24416.