



To Business License Applicants:

Attached is the Town business license applications. All persons conducting businesses in the Town of Stephens City are required to have a current business license. The following rates are applicable to most businesses in the Town limits.

1. Contractors, retailers, financial, repair, personal and business service - \$15.00 business license fee or \$.15 per \$100.00 of gross receipts; whichever is greater.
2. Wholesalers - \$15.00 business license fee or \$.05 per \$100.00 of purchases; whichever is greater.
3. Itinerant merchants/peddlers - \$50.00 flat fee.
4. **NEW BUSINESS** - \$15.00 business license fee or \$.15 per \$100.00 of estimated gross receipts; whichever is greater.

Please call the town office if you have questions about other categories.

Make checks payable to "Town of Stephens City" and mail to Town of Stephens City, P.O. Box 250, Stephens City, VA 22655.

**BUSINESS LICENSE APPLICATION**

The applicant shall provide the following information:

Please print or type all information

**Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
*(Please use the reverse side to list additional applicants)*

**Trade Name:** \_\_\_\_\_ **FEIN or SS#** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St.:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **St.:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

<b>Gross Receipts</b>	<b>Estimated</b>	<b>Actual</b>
For Year ending		
Dec. 31, _____	_____	_____
(wholesale only-enter purchases)		

**CONTRACTORS ONLY**

Please note: All contractors must have valid Workman's Compensation in effect for the time period covered by this license. Failure to have coverage will cause your license to be revoked.

\_\_\_\_\_ I certify that I am in compliance with the provisions of the Virginia Workman's Compensation Act, and I will notify the Town of Stephens City if this coverage lapses during the period that this license is in effect.

I hereby swear (or affirm) that the statements are true, full and correct to the best of my knowledge.

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

**SPECIAL USE**  
**Zoning classification approved for this type of business**

**Approved by:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date**

# TOWN OF STEPHENS CITY, VIRGINIA



P.O. Box 250  
1033 Locust Street  
Stephens City, VA 22655  
540-869-3087

## Zoning Review for a Business License

Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review. If you have any questions about this form or the zoning regulations of Stephens City, please contact the Zoning Administrator at (540) 869-3087. The completed zoning review form must be submitted to the Town Clerk/Treasurer's Office in order to apply for a business license.

Please print or type all information

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_  
*(Please use the reverse side to list additional applicants)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner(s) of Property (if different from applicant): \_\_\_\_\_

Business/Trade Name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Type or Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIAL USE

PROPERTY IDENTIFICATION # (PIN): \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

IF BUSINESS IS HOME-BASED (Home Occupation):

1. Number of Employees Other Than Members of Household: \_\_\_\_\_
2. New Construction or Alteration Required: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Business Located Within: House \_\_\_\_\_ Accessory Structure \_\_\_\_\_

Based upon the information provided by the applicant, is the use proposed for the above-referenced location permitted in the identified zoning district? Yes \_\_\_\_\_ No \_\_\_\_\_

ZONING ADMINISTRATOR COMMENTS: \_\_\_\_\_

ZONING ADMINSTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_