



**Scott A. Mayausky**  
**Commissioner of the Revenue**

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Stafford, Virginia 22555-0098  
Phone: 540-658-4132  
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**BUSINESS REGISTRATION FORM**

Date \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Trading As (DBA): \_\_\_\_\_

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

Physical Location of Business \_\_\_\_\_

Check if Business is Home Based \_\_\_\_\_

Type of Entity (Select One) : Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_

Corporation \_\_\_\_\_ Self-Employed \_\_\_\_\_ 1099 filer \_\_\_\_\_ Other \_\_\_\_\_

If Corporation is checked provide the following information:

Corporate Name _____
Corporate Mailing Address _____
Officers of the Corporation _____
Contact Name & Phone # _____

Federal ID # of Business \_\_\_\_\_

Business Owners Name \_\_\_\_\_

Social Security # of Owner \_\_\_\_\_

Local Business Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Principal Business Activity \_\_\_\_\_

Date Business Started in Stafford \_\_\_\_\_

Signature \_\_\_\_\_

*\*\*\* If you have a vehicle(s) registered in the business name or you use a personal vehicle **more than 50%** in this business, please complete information on back of this form \*\*\**



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Vehicle #1

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle #2

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle #3

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle #4

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle #5

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN \_\_\_\_\_