

	CLASSIFICATION QUESTIONNAIRE	
1.	Name of Business Entity:	_
2.	Doing Business As (DBA):	
3.	Physical Address of Business operating in the City Of Richmond:	
		<u> </u>
4.	Business Phone Number:	
5.	Please provide the 5-6 digit North American Industry Classification System (NAICS) Code you will file on your Federal and State Income Tax Returns:	



	Please Describe in detail the nature of all your business activities which will be performed in the City of Richmond for which you are compensated:	_
		-
7.	Do you have, or intend to apply for, an ABC License(s)?	_
	(A) If yes, what kind of License(s)?	_



Α	SUPPLEMENTAL CITY OF RICHMOND BUSINESS LICENSE CLASSIFICATION QUESTIONNAIRE	A
	8. Will the business sell or serve food?	_
	(A) If yes, please describe:	
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	9. Will the business involve music, dancing or live entertainment?	_
	(A) If yes, please describe:	
		_
	10. Will the business establishment involve internet sweepstakes, online gambling, games of chance or similar activities?	
	(A) If yes, please describe:	
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SUPPLEMENTAL CITY OF RICHMOND BUSINESS LICENSE CLASSIFICATION QUESTIONNAIRE

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Should there be any change in the above information provided please contact the City of Richmond's Business License Unit at (804) 646-6662.

THE INFORMATION PROVIDED IS TRUE, FULL, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

TAXPAYER SIGNATURE: Date: _____

E-MAIL ADDRESS:	
OFFICE USE ONLY:	
ZONING DOCUMENTS VERIFIED: DATE:	
PROCESSING AGENT:	

QUESTIONS CONCERNING SUPPLEMENTAL QUESTIONNAIRE:

Business License and Tax Division 900 E. Broad Street Room 103 Richmond, VA 23219 804-646-6662 FIN-BBTX@RICHMONDGOV.COM