



# City of Petersburg Business License Action Form

# \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicants Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Business Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

City of Petersburg Business Address \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_ Name of Corporation \_\_\_\_\_

Corporate Office Address \_\_\_\_\_

Federal ID# \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

### \*\*\*IMPORTANT INFORMATION FOR ALL APPLICANTS\*\*\*

Prior to the issuance of license to do business in the City of Petersburg, the steps listed below must be completed. Issuance of business license does not relieve business operators of the responsibility of obtaining all other license and permits required by law, ordinances or regulations. This license does not authorize any construction activity or structural changes to buildings or structures, which is regulated by the Uniform Statewide Building Code. You must consult with the Code Compliance Office (804-733-2409) for permit requirements. *All departments listed on this form are governed by both City of Petersburg ordinances and the State Code of Virginia.*

<b>Step 1</b>			
<i>Department of Planning &amp; Community Development(Zoning)</i>		<i>3rd Floor City Hall</i>	<i>804-733-2308</i>
<input type="checkbox"/> Approved	Fee \$ _____	Zoning Designation _____	<input type="checkbox"/> Denied
Reasons/Stipulations _____			
(Any aggrieved person may appeal this zoning decision to the Board of zoning Appeals within 30 days of the date of this decision. It shall be final and unappealable if not appealed within 30 day. Appeal Fee \$250.00)			
Date _____	Signature of Authorized Authority _____		

**Step 2**

*City Treasurer*

*1st Floor City Hall*

*804-733-2318*

Approved Fee \$ \_\_\_\_\_  Denied

Reasons/Stipulations \_\_\_\_\_

(Refer to Guidelines)

Date \_\_\_\_\_ Signature of Authorized Authority \_\_\_\_\_

**Step 3**

*Bureau of Code Compliance (Building Inspections/Fire Inspections) 106 W. Tabb St*

*804-733-2409*

Approved Fee \$ \_\_\_\_\_  Denied

Reasons/Stipulations \_\_\_\_\_

(Refer to Guidelines)

Date \_\_\_\_\_ Signature of Authorized Authority \_\_\_\_\_

**Step 4**

*Health Department*

*301 Halifax Street*

*804-863-1652*

Approved Fee \$ \_\_\_\_\_  Denied

Reasons/Stipulations \_\_\_\_\_

(Refer to Guidelines)

Date \_\_\_\_\_ Signature of Authorized Authority \_\_\_\_\_

**Step 5**

*Police Department*

*37 East Tabb Street*

*804-732-4222*

Reasons/Stipulations \_\_\_\_\_

(Refer to Guidelines)

Date \_\_\_\_\_ Signature of Authorized Authority \_\_\_\_\_

*Commissioner of Revenue*

*1<sup>st</sup> Floor City Hall*

*804-733-2315*