City of Petersburg
Commissioner of the Revenue
144 N Sycamore St  Petersburg, VA 23803
Phone: (804) 733-2315  •  Fax: (804) 863-2790
Web: www.petersburg-va.org

FORM # __________________

BUSINESS ACTION FORM

Business Owner Name: ____________________________________________________________

Business Mailing Address: _______________________________________________________

______________________________________________________________________________

Business Trade Name: ____________________________________________________________

Business Telephone #: ___________________________   Cell #: __________________________

E-mail: __________________________________________

City of Petersburg Business Property Address: ______________________________________

______________________________________________________________________________

Federal ID # (if not applicable can use SSN): _________________________________________

Tax Parcel # (If applicable): ______________________________________________________

Type of Business/Brief Description of Business: _____________________________________

______________________________________________________________________________

Owner’s Signature: ___________________________   Date: _____________________________

***IMPORTANT INFORMATION FOR ALL APPLICANTS***

Prior to the issuance of a business license in the City of Petersburg, the steps listed below must be completed. Issuance of a business license does not relieve business operators of the responsibility of obtaining all other licenses 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.

Step 1

Billing & Collections  144 N. Sycamore Street  804-733-2349

Approved ☐  Denied ☐

Reasons/Stipulations _____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date ___________________________   Signature of Authorized Authority
Step 2
Planning & Community Development (Zoning) 3rd Floor City Hall 804-733-2308

Approved ○ Denied ○ Fee $100.00  Zoning Designation__________________________

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 un-appealable if not appealed within 30 days. Appeal Fee $500.00)

______________________________  Signature of Authorized Authority
Date

Step 3
*Will Need to Schedule an Appointment*

Fire Marshal Office 3321 Johnson Rd. 804-733-2392

Approved ○ Denied ○ Fee $

Reasons/Stipulations_______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

______________________________  Signature of Authorized Authority
Date

Step 4
Health Department (If Applicable) 301 Halifax Street 804-863-1652

Approved ○ Denied ○ N/A ○

Reasons/Stipulations_______________________________________________________________
_____________________________________________________________________________

(If Not preparing Hot or prepackaged foods please see Health Department form and turn back into Commissioner of the Revenue office)

______________________________  Signature of Authorized Authority
Date

Step 5
Commissioner of the Revenue 144 N. Sycamore Street 804-733-2315

Approved ○ Denied ○

Reasons/Stipulations_______________________________________________________________
_____________________________________________________________________________

______________________________  Signature of Authorized Authority
Date