



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

**Brittany C.
Flowers**
*Commissioner of
the Revenue*

FORM # _____

BUSINESS LICENSE ACTION FORM

Business Owner Name: _____

Business Mailing Address: _____

Business Name: _____

Business Telephone #: _____ **Cell #:** _____

E-mail: _____

City of Petersburg Business Property Address: _____

Federal ID # or 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 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.*

Step 1

Department of Planning & Community Development (Zoning) 3rd Floor City Hall 804-733-2308

Approved Denied Fee \$ _____ 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)

_____ Date

_____ Signature of Authorized Authority

Step 2

Billing & Collections **144 N Sycamore St** **804-733-2349**

Approved Denied

Reasons/Stipulations _____

(Refer to Guidelines Sheet)

_____ Date

_____ Signature of Authorized Authority

Step 3

Fire Marshal Office **106 W Tabb St** **804-733-2409**

Approved Denied

Reasons/Stipulations _____

(Refer to Guidelines Sheet)

_____ Date

_____ Signature of Authorized Authority

Step 4

Health Department (If Applicable) **301 Halifax Street** **804-862-8944**

Approved Denied N/A

Reasons/Stipulations _____

(Refer to Guidelines Sheet)

_____ Date

_____ Signature of Authorized Authority

Step 5

Commissioner of the Revenue **144 N Sycamore St** **804-733-2315**

Approved Denied

Reasons/Stipulations _____

(Refer to Guidelines Sheet)

_____ Date

_____ Signature of Authorized Authority