



TOWN OF BEDFORD
DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT
215 EAST MAIN STREET, BEDFORD VA 24523
 Phone 540-587-6021; Fax 540-587-6143; E-Mail cjohnson@bedfordva.gov

2017 BUSINESS LICENSE APPLICATION

FEE \$30.00

DUE DATE 3/1/2017

BUSINESS NAME: _____

DBA: _____

FEDERAL IDENTIFICATION # (or Social Security #): _____

TYPE OF BUSINESS DESCRIPTION OF BUSINESS - (if operating a food-related business, please include a copy of your Health Dept. Certificate with this application)

Individual Professional--- Occupation: _____

Corporation Retail ----- Occupation: _____

LLC Service ----- Occupation: _____

Partnership Wholesale ---- Occupation: _____

Contractor ---- A B C (Check One) License # _____
 Occupation: _____

Other ----- Occupation: _____

PHYSICAL ADDRESS OF BUSINESS

MAILING ADDRESS (If different from physical address)

Street _____
 Suite # _____
 City _____
 State _____
 Zip Code _____
 Phone _____
 Fax _____
 E-Mail _____
 Website _____

Street _____
 Suite # _____
 City _____
 State _____
 Zip Code _____
 PO Box _____
 City _____
 State _____
 Zip Code _____

BUSINESS OWNER'S PERSONAL INFORMATION (If not applicable, leave blank)

Name _____
 Date of Birth _____
 Driver's License # _____
 Home Address _____
 Phone # _____
 Mobile Phone # _____
 E-Mail _____