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

2018 BUSINESS LICENSE APPLICATION FEE $30.00

BUSINESS NAME: _____
DBA: _____

FEDERAL IDENTIFICATION # (or Social Security #): _____

TYPE OF BUSINESS	**DESCRIPTION OF BUSINESS**
☐ Individual	☐ Professional--- Occupation: _____
☐ Corporation	☐ Retail ---------- Occupation: _____
☐ LLC	☐ Service --------- Occupation: _____
☐ Partnership	☐ Wholesale ---- Occupation: _____
	☐ Contractor ---- A B C (Circle One) Occupation: _____

PHYSICAL ADDRESS OF BUSINESS		**MAILING ADDRESS (If different from physical address)**	
Bldg.#		Bldg.#	
Street		Street	
Suite #		Suite #	
City		City	
State		State	
Zip Code		Zip Code	
Phone			
Fax		PO Box	
E-Mail		City	
Website		State	
		Zip Code	

BUSINESS OWNER'S PERSONAL INFORMATION

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

THE ABOVE INFORMATION IS VERIFIED BY:

_____ _____ _____
NAME TITLE DATE