Jenefer S. Hughes, MBA, ACA, MCR
Commissioner

Gloria House, MPA, MDCR
Chief Deputy Commissioner

COMMISSIONER OF THE REVENUE

Chesterfield County
P.O. Box 124
Chesterfield, Virginia 23832-0908
(804) 748-1281 Fax (804) 796-3236
www.chesterfield.gov/comrev cor@chesterfield.gov

Classification Affidavit- Supplemental Questions
Please complete the following:

1. Name of business as it appears on the license application.

2. Have you acquired a tax ID number from the IRS? Please check.

Yes ☐	No ☐	N/A ☐

3. Have you registered this business with the State Corporation Commission (SCC) as a LLC, LP, or Corporation? Please check.

Yes ☐	No ☐	N/A ☐

4. Have you registered this business for a fictitious name for any of the following?
Please check all applicable.

Sole Proprietorship	Yes ☐	No ☐	N/A ☐
Partnership	Yes ☐	No ☐	N/A ☐
LLC	Yes ☐	No ☐	N/A ☐
Corporation	Yes ☐	No ☐	N/A ☐

5. List the name(s), email(s), and titles (Corporate Officers, LLC Members, or Partners) of the business owners.

6. Total number of employees: _____

7. Describe in detail the nature of the business.

8. Are you applying for any of the following? Please check.

Restaurant	Yes ☐	No ☐	N/A ☐
Food Truck	Yes ☐	No ☐	N/A ☐
Restaurant and Food Truck	Yes ☐	No ☐	N/A ☐
If you answered "Yes" to any of the above, a copy of your Department of Health permit must be submitted with your application.			

9. Does the business have or intend to apply for an ABC license? ABC license(s) must be active and cannot be transferred from previous owner. Please check.

Yes ☐	No ☐	N/A ☐	
If yes, please check all applicable:			
Beer & Wine Sales	Yes ☐	No ☐	
Mixed Beverage Sales	Yes ☐	No ☐	
Seating Capacity	1-100 ☐	101-150 ☐	Over 150 ☐
If yes, please provide ABC license number(s):			

10. Is the business required to collect VA Sales Tax? Please check.

Yes ☐	No ☐	N/A ☐
If yes, provide your VA State Sales Tax ID number:		

11. Will the business involve internet raffles, online gambling, games of chance or similar activities? Please check.

Yes ☐	No ☐	N/A ☐
If yes, please describe:		

12. Will the business involve a classification as a night club operator, taxi driver or owner, solicitor, precious metal dealer, fortune-teller, massage parlor or operating an adult business? Please check.

Yes ☐	No ☐	N/A ☐
If yes, a copy of your Chesterfield Police Department permit must be submitted with your application.		

13. Are you applying for a business license for a group home? Please check.

Yes ☐	No ☐	N/A ☐
If yes, a copy of your state license from the Department of Social Services must be submitted with your application.		

14. Are you applying for a license for an at home day care or day care facility? Please check.

Yes ☐	No ☐	N/A ☐
Number of children you are caring for: (do not include your own children)		
If you are caring for more than 5 children, a copy of your state license from the Department of Education must be submitted with your application.		

15. Does your business consist of trucking or logistics? Please check.

Yes ☐	No ☐	N/A ☐
If yes, please provide your USDOT number (if applicable):		

16. Are you a non-profit organization (501c3)? Please check.

Yes ☐	No ☐	N/A ☐
If yes, a copy of your IRS designation letter must be submitted with your application.		

17. Does your business involve providing security services? Please check.

Yes ☐	No ☐	N/A ☐
If yes, a copy of your DCJS license must be submitted with your application.		

18. Does your business sell gasoline? Please check.

Yes ☐	No ☐	N/A ☐
If yes, check one of the following:		
I receive commissions on gasoline sales ☐	I pay excise tax on gasoline sales ☐	

19. Does your business perform contractor services (e.g., painting, HVAC, plumbing, electrical, etc.)? Please check.

Yes ☐	No ☐	N/A ☐
If yes, please provide your DPOR license number:		
ALL contractors are required to submit the Certificate of Workers' Compensation Insurance (form 61A). If you have an electronic certification, please submit the form electronically or provide a copy of the form with your application. **If you need to complete a Worker's Comp form, it can be found here:** https://workcomp.virginia.gov/sites/default/files/forms/Certificate-of-Workers-Compensation-Insurance-Form-61A_0.pdf		

20. Are you a 1099-NEC employee? Please check.

Yes ☐	No ☐	N/A ☐

21. How are you compensated for services provided to customers? Please check all applicable.

Payment for products sold	Yes ☐	No ☐
Payment for services rendered	Yes ☐	No ☐
Commissions	Yes ☐	No ☐
Brokerage fees	Yes ☐	No ☐

Affidavit

Please be advised that Chesterfield County zoning ordinances do not permit businesses to operate on all property. If the Commissioner of the Revenue issues a business license, it is still your responsibility to confirm with Chesterfield County's Planning Department that your business operation complies with the county zoning laws. The Commissioner of the Revenue reserves all rights to revoke any license(s) if a violation of the certification has occurred.

The undersigned hereby affirms under oath:

- **The requested business license covers only the business activities listed above**
- **The property is correctly zoned for all licensable business activities conducted at the location address provided**
- **All state requirements have been met according to Section 6-2 of the Chesterfield County Code of Ordinances.**
- **I certify that the information on this declaration is true and correct.**

PRINT NAME	SIGNATURE

County of Chesterfield, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

By, _____
(Name of person seeking acknowledgement or customer name)

Notary Public _____

_____ My commission expires on: _____

FOR OFFICE USE ONLY

BUSINESS NAME	
ACCOUNT NUMBER	
FEIN	
NAICS	