CITY OF NEWPORT NEWS, VIRGINIA
OFFICE OF THE COMMISSIONER OF THE REVENUE

BUSINESS CLASSIFICATION INFORMATION (BCI)

Please complete a separate form for each business location in Newport News

Attach additional pages if space is not sufficient

Use the Tab key (not the Enter key) to move to the next field.

For assistance call 757-926-8651

Moving your mouse over a field will display any additional help for that field. (If you do not see the help, download the current version of Acrobat Reader.)

1. BUSINESS/OWNER NAME: _____
2. TRADE NAME: _____
3. BUSINESS ADDRESS: _____ APT _____ _____ _____ ZIP 00000
4. MAILING ADDRESS (Same as Business Address?): ☐ _____ APT _____ _____ _____ ZIP 00000
5. BUSINESS WEBSITE ADDRESS: _____
6. BUSINESS PHONE NUMBER: _____ EXTENSION: _____

7. OWNERSHIP TYPE (Check one): ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP (Attach list with name and SSN of each partner) ☐ LIMITED LIABILITY COMPANY ☐ CORPORATION ☐ OTHER (Specify): _____
8. FEDERAL I.D. NUMBER: _____
9. OWNER'S SOCIAL SECURITY NUMBER: _____

10. DATE BUSINESS BEGAN IN NEWPORT NEWS (mm/dd/yyyy): _____
11. ESTIMATED ANNUAL GROSS RECEIPTS (Provide gross purchases if wholesaler): $ _____
12. DESCRIPTION OF BUSINESS (Provide complete description of work performed/services provided):
    A. CURRENT ACTIVITY _____
    B. PROPOSED FUTURE ACTIVITY _____
13. DO YOU OR YOUR COMPANY HOLD A STATE LICENSE OR STATE CERTIFICATION? (IF YES, PLEASE LIST TYPES AND PROVIDE A COPY.) _____
14. PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS:
    - ☐ SELL CIGARETTES
    - ☐ SELL PREPARED FOOD
    - ☐ CHARGE ADMISSION FEE/ COVER CHARGE
    - ☐ CHARGE FOR BOARDING AND LODGING
    - ☐ RENT EQUIPMENT OR PROPERTY
15. DESCRIBE THE NATURE OF THE BUSINESS' COMPENSATION (E.g., payment for products sold, services rendered, commissions, etc.): _____
16. TYPES OF CUSTOMERS/CLIENTS (E.g., private individuals, other businesses, walk-in customers, etc.): _____
17. JOB LOCATION (If you are a contractor and your business is located outside of Newport News): _____
18. LIST ANY OTHER BUSINESSES AT THIS LOCATION: _____

For lines 19 and 20, do NOT include vehicles or real property. For assistance in answering questions 19 and 20, call 757-926-8644.

19. TOTAL ORIGINAL COST OF EQUIPMENT, FURNITURE AND FIXTURES, ETC.: $ _____
20. TOTAL ORIGINAL COST OF MACHINERY AND TOOLS: $ _____

This information is true and correct to the best of my knowledge and belief.

NAME OF AUTHORIZED AGENT (Print): _____ TITLE: _____
SIGNATURE OF AUTHORIZED AGENT: _____ DATE: 08/09/2011

Don't forget to sign the form!

Please notify this office immediately in the event of any changes in this information

PRISCILLA S. BELE, COMMISSIONER OF THE REVENUE, CITY HALL, 2400 WASHINGTON AVENUE, NEWPORT NEWS, VA 23607