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
For assistance call 757-926-8651

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

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 _____
4. MAILING ADDRESS (Same as Business Address?): ☐ _____ APT _____ _____ _____ ZIP _____
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. IS BUSINESS REGISTERED WITH THE SCC? IF SO, PROVIDE:
    A. REGISTRATION NUMBER: _____
    B. REGISTRATION NAME: _____
    C. AGENT NAME: _____
11. NAICS CODE (6-digit business activity code from federal tax return): _____

12. DATE BUSINESS BEGAN IN NEWPORT NEWS (mm/dd/yyyy): _____
13. ESTIMATED ANNUAL GROSS RECEIPTS (Provide gross purchases if wholesaler): $ _____
14. DESCRIPTION OF BUSINESS (Provide complete description of work performed/services provided):
    A. CURRENT ACTIVITY:

    B. PROPOSED FUTURE ACTIVITY:

15. DESCRIBE THE NATURE OF THE BUSINESS' COMPENSATION: (E.g., payment for products sold or services rendered, commissions, brokerage fees, 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 or 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: Don't forget to sign the form! DATE: 07/07/2009

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

CHARLES D. CROWSON, JR., COMMISSIONER OF THE REVENUE, CITY HALL, 2400 WASHINGTON AVENUE, NEWPORT NEWS, VA 23607