

A

SUPPLEMENTAL BUSINESS LICENSE QUESTIONNAIRE
****COMPLETE FOR HOME OCCUPATION / HOME OFFICE ONLY****

A**Licensee Information**

 Name of Licensee

 Trade Name

 Address of Home Office in Henrico County

 Business Phone
Description of Business
 Be as **COMPLETE AND SPECIFIC** as possible.

Please Complete the Following: Keep in mind that these questions pertain to **business activity in your home.**

 Does the licensee live at the street address where the business will trade? Yes No

 Will anyone work at the home business that does not live in the home? Yes No

 Does the licensee own the dwelling? *If not, the owner or his agent must sign:*

I, the owner, authorize use of the property for the business described above. _____

 How will services be offered? By appointment only To the general public (walk-in)

Area (square feet) of main floor of dwelling: _____ Area used for business purpose: _____

 Will the business require external or internal additions or alterations to the home? Yes No

 Will the business use a detached accessory structure (garage, shed, etc.) for any purpose? Yes No

 Will the business use machinery or equipment not customary for household purposes? Yes No

 Will stock-in-trade (other than handicrafts made on the premises) be kept at the home? Yes No

 Will products (other than handicrafts made on the premises) be sold at the home? Yes No

 Will there be group instruction, assembly, or activity in the home? Yes No How many people? _____

 Will there be any indication from the exterior that the home is used for a business? Yes No

 Will commercial vehicles be stored at the home? Yes No How many? _____ Empty Weight: _____

 Will any commercial trailer or tow truck or wrecker be parked at the dwelling? Yes No

The responses provided on this form are true, correct and complete. I understand that incomplete information may result in processing delays, and further understand that false or misleading information may be grounds for legal action.

 Signature of Applicant

 Date

GPIN: _____

OFFICE USE ONLY
 ZONING: _____ PROFFERS CHECKED: _____ APPROVED REJECTED BY: _____ DATE: _____

 COMMENTS: _____

QUESTIONS CONCERNING SUPPLEMENTAL QUESTIONNAIRE:

Henrico County Permit Center, PO Box 90775, Henrico, VA 23273-0775, (804) 501-7280

B**SUPPLEMENTAL BUSINESS LICENSE QUESTIONNAIRE******COMPLETE FOR COMMERCIAL LOCATION ONLY******B****Licensee Information**Name of Licensee _____
_____Trade Name _____
_____Address Where Business Will Trade _____

Business Phone _____

Description of BusinessBe as **COMPLETE AND SPECIFIC** as possible.

Hours of Operation

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Open: _____	Open: _____	Open: _____	Open: _____	Open: _____	Open: _____	Open: _____
Close: _____	Close: _____	Close: _____	Close: _____	Close: _____	Close: _____	Close: _____

Please Complete the Following:Does the business have, or intend to apply for, an ABC license? Yes No

If yes, what kind of license? _____

Will the business involve music, dancing or live entertainment? Yes No

If yes, please describe: _____

Will there be video games, billiard tables or similar amusements? Yes No If yes, how many? _____

If yes, please describe: _____

Will the business involve internet sweepstakes, online gambling, games of chance or similar activities? Yes No

If yes, please describe: _____

Will the business involve adult-oriented entertainment, merchandise, or other regulated activities*? Yes No

If yes, please describe: _____

*The county code defines an adult business as "any adult bookstore, adult video store, adult model studio, adult motel, adult movie theater, adult nightclub, adult store, business providing adult entertainment, or any other establishment that regularly exploits an interest in matters relating to specified sexual activities or specified anatomical areas or regularly features live entertainment intended for the sexual stimulation or titillation of patrons.

The responses I have provided on this form are true, correct and complete. I understand that incomplete information may result in processing delays, and further understand that false or misleading information may be grounds for legal action or revocation of license.

Signature of Applicant_____
Date

GPIN: _____

OFFICE USE ONLYZONING: _____ PROFFERS CHECKED: _____ APPROVED REJECTED BY: _____ DATE: _____COMMENTS: _____

QUESTIONS CONCERNING SUPPLEMENTAL QUESTIONNAIRE:

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