

Town of Wakefield

Brian M. Laine, Mayor
Bonita Meyers, Clerk
Robyn L. Croft, Treasurer



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O. E. Parker, III, President
Frances Chambers
Michael W. Kessinger
Dennis P. Mason
Darlene Whiting
Brian K. Wills

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APPLICATION FOR BUSINESS LICENSE

Type of Ownership: ___ Individual ___ Partnership ___ Corporation ___ Limited Liability Company
SSN (Sole Proprietors) _____ FEIN _____
Name (Sole Proprietors or Corporation Name): _____
Business Name (Trading As / DBA): _____
Contact Names: _____
Mailing Address: _____
Business Address: _____
Local Business Telephone Number: (____) _____
Corporate/Main Office Telephone Number: (____) _____
Fax Number: (____) _____ Cell Number: (____) _____
Email: _____
Date Business Began in Wakefield: _____
Description of Business Activities: _____

Complete this section only if the business is Incorporated or LLC

Date of Incorporation: _____ Primary Officers' Name/Title: _____
Primary Officers' Home Address: _____
Other Officers/Members (Include Name and Title): _____

I affirm that I am a legal resident of the United States. I verify the information provided on this application is true and correct to the best of my knowledge and behalf.

Signature: _____ Title: _____
Print Name: _____ Date: _____