



**DINWIDDIE COUNTY BUSINESS LICENSE CLASSIFICATION QUESTIONNAIRE
(TO BE COMPLETED BY THE PERSON APPLYING FOR THE BUSINESS LICENSE)
PLEASE PRINT ALL RESPONSES EXCEPT SIGNATURE - PLEASE USE INK**

NAME OF BUSINESS: _____

PHYSICAL ADDRESS OF BUSINESS: _____

EMAIL ADDRESS OF BUSINESS: _____ TELEPHONE NUMBER _____

OWNER OF PROPERTY WHERE BUSINESS IS LOCATED: _____
(IF THE APPLICANT IS NOT THE OWNER, A LETTER OF APPROVAL FROM THE OWNER MUST BE ATTACHED)

NAME AND TITLE OF PERSON COMPLETING THIS FORM: _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED: DAY _____ NIGHT _____

DETAILED DESCRIPTION OF BUSINESS ACTIVITIES CONDUCTED ON PREMISES (BE SPECIFIC):

GENERAL BUSINESS ACTIVITY: _____

ANSWER IF APPLICABLE:

DOES THE COMMERCIAL ESTABLISHMENT INTEND TO SELL ALCOHOLIC BEVERAGES FOR ON-PREMISES CONSUMPTION? Y N

DOES THE COMMERCIAL ESTABLISHMENT INTEND TO SELL ALCOHOLIC BEVERAGES FOR OFF-PREMISES CONSUMPTION? Y N

IF THE COMMERCIAL ESTABLISHMENT IS A RESTAURANT, WHAT IS THE SEATING CAPACITY: _____

WHAT TYPE OF ALCOHOLIC BEVERAGES WILL BE OFFERED FOR SALE: BEER/WINE MIXED ALCOHOLIC BEVERAGES

IF THE BUSINESS LOCATION IS IN YOUR HOME, PLEASE ANSWER THE FOLLOWING:

DOES THE AREA OF THE HOME USED FOR BUSINESS PURPOSES EXCEED THE EQUIVALENT OF ONE QUARTER OF ONE FLOOR? Y N

ARE EXTERIOR ALTERATIONS TO THE HOME REQUIRED? Y N

IS THERE ANY BUSINESS SIGNS ON THE PREMISES? Y N

DO CLIENTS, STUDENTS AND/OR EMPLOYEES COME TO WORK ON THE PREMISES? Y N

IF YES, INDICATE HOW MANY _____ PER _____ (HOUR, DAY, WEEK)

ARE COMMODITIES STORED OR SOLD THAT ARE NOT MADE ON THE PREMISES? Y N

IF YES, SQUARE FOOTAGE OF STORAGE: _____ SQUARE FEET WHAT IS BEING STORED? _____

HOW MANY MOTOR VEHICLES USED IN THE OCCUPATION ARE PARKED ON THE PREMISES? _____

WHAT SIZE? (MAKE, BODY, PICKUP, AUTO, ETC.) _____

FAMILY DAY CARE ONLY:

MAXIMUM NUMBER OF CHILDREN IN THE HOME AT ANY ONE TIME DURING THE (24) HOUR CALENDAR DAY: _____

SIGNATURE: _____ DATE: _____

PLEASE ATTACH COPIES OF ALL STATE LICENSES WHICH ARE REQUIRED BY THE STATE OF VA LICENSING BUREAU.

-FOR OFFICE USE ONLY-

DINWIDDIE COUNTY CODE SECTION: _____ LINE _____ CLASSIFICATION _____

CLERK: _____ DATE: _____ TAX MAP NUMBER: _____ ZONING: _____

ZONING APPROVAL FOR ABOVE BUSINESS: YES ___ NO ___ N/A ___ ZONING APPROVAL SUBJECT TO CONDITIONS: Y N N/A

SIGNATURE OF ZONING OFFICIAL: _____ DATE OF APPROVAL: _____

SPECIAL INSTRUCTIONS:

