

**Town of South Hill
211 South Mecklenburg Avenue
South Hill, VA 23970-2619
Telephone No. (434) 447-3191
Fax No. (434) 447-5064**

APPLICATION FOR BUSINESS LICENSE

Date: _____

Type of Business: _____

Trade Name: _____

Location: _____

Mailing Address: _____

Owner: _____

Social Security No.: _____

Manager: _____

Telephone No.: Business _____ **Home** _____

Email Address: _____

Identification No.: Federal _____

State _____

If Contractor, State License No.: _____
(Required Before License Issued)

Estimated Sales Amount: \$ _____

I, the undersigned applicant swear (or affirm) that the foregoing information is TRUE and CORRECT.

Signature of Applicant

FOR OFFICE USE ONLY
Account No.: _____
Business License No.: _____

SOUTH HILL POLICE DEPARTMENT

BUSINESS LIST

NAME OF BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

HOURS OF OPERATION: _____

ALARM COMPANY: _____

AFTER HOURS CONTACT:

NAME: _____ NUMBER: _____

NAME: _____ NUMBER: _____

NAME: _____ NUMBER: _____

HAZARDS: _____

MISCELLANEOUS INFORMATION: _____

IN ORDER TO KEEP OUR RECORDS UP TO DATE, PLEASE CONTACT THIS DEPARTMENT WHEN ANY CHANGES IN THE ABOVE INFORMATION OCCUR. THANK YOU.