

## REGISTRATION FOR BUSINESS ACCOUNT

- This form is to be used by businesses who are operating in Shenandoah County

|                                                  |  |                           |  |
|--------------------------------------------------|--|---------------------------|--|
| <b>Legal Business Name:</b>                      |  |                           |  |
| <b>Trade Name:</b>                               |  |                           |  |
| <b>Mailing Address:</b>                          |  |                           |  |
| <b>Business (Physical) Address:</b>              |  |                           |  |
| <b>Business Phone:</b>                           |  |                           |  |
| <b>Contact Person:</b>                           |  | <b>Contact Phone No.:</b> |  |
| <b>Email Address:</b>                            |  | <b>Federal EIN / SSN:</b> |  |
| <b>Date Business Began in Shenandoah County:</b> |  |                           |  |
| <b>Description of Business:</b>                  |  |                           |  |

### CERTIFICATION & SIGNATURE

This application with signature confirms that Applicant has complied with all the requirements of the Shenandoah County Code. The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign. **It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter. (Code Va. Sec. 58.1-11)**

I, the undersigned, do swear or affirm under penalty of perjury (1) that the statements herein are true, complete, and correct to the best of my knowledge and belief, and (2) that I am the owner, or a member, partner, executive officer, or other person specifically authorized in writing to sign on behalf of applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

|                       |
|-----------------------|
| Year Opened: _____    |
| BE Account No.: _____ |