

**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** \_\_\_\_\_

**Fax** \_\_\_\_\_ **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**

<b>FOR OFFICE USE ONLY</b>
<b>Account No.:</b> _____
<b>Business License No.:</b> _____
<b>Invoice No.:</b> _____

**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.