

**CITY OF NEWPORT NEWS**  
**Commissioner of the Revenue**  
**Business License Department**

*Main Office: 2400 Washington Avenue, Newport News, VA 23607*  
*Satellite Office: 12912 Jefferson Avenue, Newport News, VA 23608*  
*Phone # (757) 926-8651 Fax # (757) 247-2628*

**List Officer(s), Partner(s) and/or Member(s) of the Entity, as Registered with the Virginia State Corporation Commission:**

**BUSINESS NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**COMPLETE RESIDENTIAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**COMPLETE RESIDENTIAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**COMPLETE RESIDENTIAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**COMPLETE RESIDENTIAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**COMPLETE RESIDENTIAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

***The Officer(s), Partner(s) and/or Member(s) Information Provided and Completed by:***

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_