



**FREDERICK COUNTY, VIRGINIA**  
 Commissioner of the Revenue  
 P.O. Box 552, Winchester VA 22604-0552  
 Phone: 540-665-5681 Fax: 540-667-6487  
[www.fcva.us/cor](http://www.fcva.us/cor) • [www.fcva.us/biztax](http://www.fcva.us/biztax)

## BUSINESS ACCOUNT – UPDATE INFORMATION

**USE THIS FORM IF YOU ARE: CHANGING YOUR DESIGNATED MAILING ADDRESS/OTHER CONTACT INFORMATION OR MOVING THE BUSINESS TO ANOTHER LOCATION HERE IN FREDERICK COUNTY**

- If you are simply changing your mailing address or other contact purposes information, you will need to complete and return this form only.
- However, if your business which already has a Frederick County business license is moving to a new location in Frederick County, you will also have to complete the applicable Zoning Review form (Home Based/Home Occupation Business OR Commercial/Industrial Business) either online or using the attached document, have it approved by the Frederick County Department of Planning, and then file the approved/signed Zoning form in addition to this form with the Commissioner of the Revenue.

**DO NOT USE THIS FORM IF YOU ARE: OPENING A NEW BUSINESS IN FREDERICK COUNTY**

- If you are opening a new business in Frederick County and wish to obtain a business license, please use either our online program or printable form for [Registration for New Business](#). Additionally, if your new business opened prior to January 1 of the current year, you will need to use either our online program or printable form to file a [762B/Return of Tangible Personal Property](#) (for Business Equipment, Leasing Cos., Manufacturers, Processors, and Signage). Otherwise, if you opened after January 1 of this year, note that a Form [762B/Return of Tangible Personal Property](#) will have to be filed by March 1 of next year.

**DO NOT USE THIS FORM IF YOU ARE: CHANGING HOW YOUR BUSINESS IS CURRENTLY SET UP (EIN/SSN)**

- If you are changing from using your social security number to using a Federal Employer Identification Number (EIN), changing from one using an EIN to a social security number, or changing from one EIN to a different EIN, you must close the business and register as a new one.

**DO NOT USE THIS FORM IF YOU ARE: CLOSING YOUR BUSINESS CURRENTLY LOCATED IN FREDERICK COUNTY**

- If you are closing your business completely or closing the Frederick County location of your business (if multiple locations), please use either our online program or printable form for [Closing an Existing Business in Frederick County](#).

Updates Apply to *[check all that apply]*:  Business License  Business Equipment  Meals Tax  Lodging Tax  
 Date Change is Effective:

Business or Trade Name: \_\_\_\_\_ Business Account No. *(if known)*: \_\_\_\_\_

CURRENT (OLD) ADDRESS on Account Record:	NEW ADDRESS to go on Account Record:

Owner Name <i>(Last, First, Middle)</i> :	Telephone No.:	Email Address:	Social Security No. or EIN:

CURRENT (OLD) ADDRESS on Account Record:	NEW ADDRESS to go on Account Record:

**Purpose of Address Change *[check one]*:**

Change of Mailing Address or other Contact Information ONLY

Change of Business Location (New Address is current location of business) and approved Zoning Form is attached

**Certification/Signature**

**The owner must sign/submit this notification of address change.** If the owner is a business entity such as a trust, partnership, limited liability company, or corporation, it must be signed/submitted by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign/submit. *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 declare, under penalty of perjury, (1) that the foregoing information is complete, true, 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.

Owner OR

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
*(e.g., President, VP etc.)*

\_\_\_\_\_  
Date

Your Change of Address request is subject to review by the Commissioner of the Revenue.  
 Further action may be required on your part before the Commissioner's office can proceed.



**COUNTY OF FREDERICK, VA**  
**Zoning Review for a Business License – Commercial/Industrial Businesses**

*Check to indicate purpose of the Zoning Review:*  
 Initial License Application OR  
 Existing Business Change of Location – Current BL Account No.: \_\_\_\_\_

**Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review by the Planning Department staff. Incomplete applications may not be reviewed or approved. If you have any questions about this form or the zoning regulations of Frederick County, please contact the Planning Department at (540) 665-5651. Approval of this form is required prior to issuance of a business license by the Commissioner of the Revenue.**

Applicant Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Street Address of Business (**provide actual physical location of the business** – this address may be different from the mailing address): \_\_\_\_\_  
 Owner(s) of Property (if different than applicant): \_\_\_\_\_  
 Business/Trade Name: \_\_\_\_\_  
 Description of Business: \_\_\_\_\_

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**Businesses located within a commercial or industrial zoning district are required to have an approved site plan on file with the Planning Department. Please answer the following:**

1. Is this an existing business or a new business: Existing  New
2. Will any new construction or alterations to the property be necessary: Yes  No
3. Will any new or revised signage on the property be necessary: Yes  No
4. Is this property located within an existing shopping center or industrial park? Yes  No   
 a. Name of center/park: \_\_\_\_\_
5. Does this property have an approved Site Plan: Yes  No  Site Plan # \_\_\_\_\_

By signing and submitting this form to the Planning Department, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
 TITLE/CAPACITY FOR SIGNING: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*The owner must sign 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.**

This approval is based solely on the information provided herein. If such information should be proven inaccurate at a later date, approval will be considered invalid.

**Please do not write below this line – For Planning Department Staff review only**

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PROPERTY IDENTIFICATION # (PIN): \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
 Record Number: \_\_\_\_\_  
 Based upon the information provided by the applicant, is the proposed business permitted in the above-referenced location: YES \_\_\_\_\_ NO \_\_\_\_\_  
 STAFF SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_



**COUNTY OF FREDERICK, VA**  
**Zoning Review for a Business License – Home Based Business/Home Occupation**

Check to indicate purpose of the Zoning Review:

Initial License Application OR  
 Existing Business Change of Location – Current BL Account No.: \_\_\_\_\_

*Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review by the Planning Department staff. Incomplete applications may not be reviewed or approved. If you have any questions about this form or the zoning regulations of Frederick County, please contact the Planning Department at (540) 665-5651. Approval of this form is required prior to issuance of a business license by the Commissioner of the Revenue.*

Applicant Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Business/Trade Name and Description: \_\_\_\_\_

Street Address of Business (provide actual physical location of the business): \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Owner(s) of Property (if different than applicant): \_\_\_\_\_

Other businesses located on the property: Yes  No  If yes, Name: \_\_\_\_\_

Business vehicle parked on the property: Yes  No  If yes, type: \_\_\_\_\_

Will any new construction on alterations be necessary: Yes  No

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Businesses operated in a residential dwelling (home occupations) are subject to specific restrictions and limitations. **Please read and initial the following restrictions placed on this use to certify that you are aware of the specific restrictions and limitations on businesses operating in a residential dwelling as a home occupation:**

- I hereby certify that the above address is my legal residence.
- NO** employees shall be permitted to work on the premises, **except for family members residing in the dwelling.**
- NO** customers or clients are permitted on the site (*excluding home daycares – see below*).
- NO** signs advertising the business or product and **NO** outdoor storage of equipment or materials.
- NO** exterior indication of the home occupation or variation from the residential character of the dwelling or neighborhood is permitted.
- Business must be conducted within the dwelling (no detached shed/garage) by the resident of the dwelling.
- Home Daycare Only** - No more than five unrelated children are permitted at any one time. A home daycare with more than five children requires the approval of a Conditional Use Permit by the Board of Supervisors.
- If you have an approved Conditional Use Permit please check here and provide the number:** \_\_\_\_\_

I have read, understand and will abide by the above conditions and restrictions above. By signing and submitting this form to the Planning Department, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

TITLE/CAPACITY FOR SIGNING: \_\_\_\_\_ DATE: \_\_\_\_\_

This approval is based solely on the information provided herein. If such information should be proven inaccurate at a later date, approval will be considered invalid.

***Please do not write below this line – For Planning Department Staff review only***

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PROPERTY IDENTIFICATION # (PIN): \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
 Record Number: \_\_\_\_\_  
 Based upon the information provided by the applicant, is the proposed home occupation permitted in the above-referenced location: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
 STAFF SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_