COUNTY OF BATH, VIRGINIA
65 Courthouse Hill Road
P. O. Box 216
Warm Springs, VA 24484

OFFICE PHONE: 540-839-7236
OFFICE FAX: 540-839-7222

BUSINESS LICENSE PERMIT APPLICATION

Checklist for Completed Items

_____ Application form
_____ Attach a full description of the proposed business for which license is being obtained (be specific)

Name of Business: _____

Type of Business: _____

Applicant:
Name: _____

Address: _____

Telephone Number: _____

Please fill out as applicable:

	Existing	In 2 Years	In 5 Years
Full Time Employees (Living in residence)			
Part Time Employees (Living in Residence)			
Visitors/Customers (M-F)			
Visitors/Customers (S&S)			
Number of Residents			
Peak Hours			
Does any activity occur outdoors?			
Deliveries? Estimated number per day/week			
# Trucks/Service Vehicles			
Hours/Days of the Weeks			
# Parking Spaces Full Size/Compact			
Square Footage of Business			
Gross sq/ft of Building (structure)			

_____
Signature of Applicant Date

Department Use Only

Date Received: _____ Type of Business: _____
Cat. ID: _____ Business License Number: _____