

City of Norfolk
Commissioner of the Revenue
Application for Certification
As a Short-term Rental Business

Section 1 — To be completed by business owner (for each location)

Applicant Name _____

Trade Name _____

Business Location _____

Mailing Address _____

Telephone Number _____

Business Tax Contact _____

Date Business Began in City of Norfolk _____

Type of Rental Property _____

Federal Tax Identification Number _____

1. Total Gross Receipts for the Period Indicated

The gross receipts must reflect what was reported on your last City of Norfolk Business License (12-month period)

2. Total Gross Rental Receipts for the Period Indicated _____

The gross rental receipts must reflect what was reported for all rental classifications.

3. Total Gross Proceeds from Short-term Rental _____

4. Total Gross Receipts from Short-term Rental Property
Leased to a Person Affiliated with the Lessor _____

5. Total Gross Receipts Short-term Rental Property
Leased to a non-taxable entity. (Describe below') _____

6. Adjusted Daily Short-term Rental Proceeds
(Subtract line 4-5 from line 3) _____

CERTIFICATION: I, the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

Signature Title Date

*Non-taxable entity description:

Section 2 — To be completed by Commissioner of the Revenue

Date Received _____ Approved _____ Not Approved _____
Date Date

Business Acct. #: _____
Business Tax Coordinator Date

For further information, call (757)664-7886
Website: www.norfolk.gov
Mail completed form to:
Commissioner of the Revenue, P.O. Box 2260, Norfolk, VA 23501-2260

City of Norfolk
Commissioner of the Revenue
Short-term Rental Business
Instructions for Completing Application for Certification

Business Information:

Applicant Name — Enter the name of business owner(s) or corporation name.

Trade Name — Enter the name under which the business is operating.

Business Location — Enter the location address of the business.

Mailing Address and Telephone Number — Enter the mailing address and the telephone number.

Business Tax Contact — Enter the name of the person to contact if there are any questions regarding this return.

Date Business Began in City of Norfolk — Enter the date this business began at **this location** in the City of Norfolk.

Type of Rental Property — Enter the type(s) of property rented, (for example, videotapes).

Federal Tax Identification Number — Enter your Federal ID number in the space on the form provided for this information.

Virginia Sales Tax Number — Enter your Virginia sales tax registration number.

Gross Receipts Information:

Line 1: Enter the total gross receipts from **all** business conducted by the applicant at the business location for the period indicated. This includes gross receipts that may be attributable to business other than the rental of property.

Line 2: Enter the total gross rental receipts from all rental property for the period indicated.

Line 3: Enter the total gross receipts earned from short-term rental. Short-term rental is any property rented for a term of ninety-two (92) consecutive days or less.

Line 4: Enter the total gross receipts earned from Short-term Rental property leased to persons affiliated with the lessor. The term affiliated means any common ownership interest in excess of five percent (5%) of any officers or partners in common with the lessor and lessee.

Line 5: Enter the total gross receipts earned from Short-term Rental property leased to non-taxable entities. Please describe the entity in the space provided below.

Line 6: Enter the adjusted Short-term Rental proceeds. (Subtract lines 4 & 5 from line 3)

Note:

This application for certification is subject to a full record review.

Questions?

If you have any questions or desire assistance in completing the certification application please contact the Commissioner of the Revenue, Business Tax Department at (757) 664-7886.

PLEASE REMEMBER TO SIGN YOUR APPLICATION

DUE MARCH 1ST
