

BUSINESS LICENSE AND FEE REIMBURSEMENT APPLICATION ACCIDENT POTENTIAL ZONE (APZ-1)

Please complete and sign the application form and return it along with supporting documentation to the following address:

Letitia Langaster
Business Development Manager
City of Virginia Beach
Department of Economic Development
4525 Main Street, Suite 700
Virginia Beach, Virginia 23462

If you have any questions regarding the incentive program, contact Letitia Langaster at (757) 385-6412 or llangast@vbgov.com.

SECTION 1: APPLICANT INFORMATION

1. DATE OF APPLICATION		2. NAME OF PROPERTY OWNER	
3. MAILING ADDRESS (<i>Street, Apt. No., City, State and ZIP Code</i>)		4. TELEPHONE NUMBER (<i>Include Area Code</i>) HOME () WORK () CELL ()	
5. GPIN OF PROPERTY			
6. LEGAL DESCRIPTION OF PROPERTY			
7. ADDRESS OF PROPERTY (<i>Street, Apt. No., City, State and ZIP Code; if different from mailing address</i>)		8. AGE OF STRUCTURE	
9. REHABILITATION EXEMPTION DISTRICT			
10. ARE MULTIPLE PROPERTIES INVOLVED IN PROJECT? (<i>✓ one</i>) YES <input type="checkbox"/> NO <input type="checkbox"/>		10a. IF YES, LIST PROPERTIES BELOW	
10b. ADDRESS OF PROPERTY (<i>Street, Apt. No., City, State and ZIP Code</i>)			
10c. GPIN OF PROPERTY (VISIT VBGOV.COM/REALESTATE)			