



# Prince George County, VA Tourism Zone

## Annual Review Application

*Due to Commissioner of the Revenue on or before March 1*

Date: \_\_\_\_\_

1. Tourism Zone Location: \_\_\_\_\_
2. Business Firm Identification Number (FEIN): \_\_\_\_\_
3. Local Name: \_\_\_\_\_ Trading Name: \_\_\_\_\_
4. Physical Address: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Contact Name & Title: \_\_\_\_\_
7. Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Website: \_\_\_\_\_
8. Date Qualified Tourism Business: \_\_\_\_\_ Date Business opened: \_\_\_\_\_
9. Has your primary business purpose or location (as described in the performance agreement) changed in the last 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If 'yes', please describe:

	Year 1 Calendar Yr: _____	Year 2 Calendar Yr: _____	Year 3 Calendar Yr: _____
BPOL fee paid			
Property tax paid			
M&T tax paid			
Business property tax paid			
# Full time employees (as of Dec 31)			
# Part time employees (as of Dec 31)			
# Less than Part time employees (as of Dec 31)			
# FTE employees			
Average hourly wage			
SWAM ID # (if applicable)			

Business Firm Representative:

I, the undersigned, am an authorized representative of the business firm for which the request is made. I declare under penalty of perjury that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I further affirm that the business firm has met the requirements for the Tourism Zone Program and understand the clawback provisions as set forth in the performance agreement. All records relevant to the requirements of this form shall be made available to the Director of Economic Development.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This annual application was witnessed by me this day of \_\_\_\_\_  
month/day/year

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**Office Use Only**

Date Received by Commissioner of the Revenue: \_\_\_\_\_

Tax information verified by: \_\_\_\_\_

Application forwarded to EDA: \_\_\_\_\_

Reimbursement approved: \_\_\_\_\_

Check # / date/ amount: \_\_\_\_\_