

# Galax City Business License

## Zoning Ordinance and Building Code Public Safety Review Application

All **NEW AND EXISTING BUSINESSES** seeking a Galax City Business License **AND** planning to establish a **NEW BUSINESS LOCATION** or perform contract work within the City Limits must complete the following information checklist and obtain Zoning Ordinance and Building Code public safety review approval.

**STEP 1** – Contact Engineering Department Staff for assistance and to expedite review.

1. **This is NOT a construction Building Permit Application.** A Galax business license must be obtained before a Building Permit can be issued. Contact the Galax Building Official – Terry Atwell at 276-236-7297 or [tatwell@galaxva.com](mailto:tatwell@galaxva.com) to obtain Building Permit Application information.
2. If you need assistance or have questions, please contact one of the following City staff members.
  - a. Zoning Administrator – Stephanie Dalton at 276-601-3600 or [smdalton@galaxva.com](mailto:smdalton@galaxva.com)
  - b. Galax Building Official – Terry Atwell at 276-236-7297 or [tatwell@galaxva.com](mailto:tatwell@galaxva.com)
  - c. Galax City Engineer – Edwin Ward at 276-236-2422 or [eward@galaxva.com](mailto:eward@galaxva.com)

**STEP 2** – Complete Business and Location Information requested below and **submit to Stephanie Dalton, Zoning Administrator** at 276-601-3600 or [smdalton@galaxva.com](mailto:smdalton@galaxva.com)

1. **Contractors only working within the City limits do not need this approval and should skip to Step 4.**
2. Is this business a new and first-time startup within the Galax City limits? YES \_\_\_ NO \_\_\_
3. Is this an existing business relocating within the Galax City limits? YES \_\_\_ NO \_\_\_
4. Is this an existing business relocating from outside to inside the Galax City limits? YES \_\_\_ NO \_\_\_

Business Owner or Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Business Location Property Owner Name: \_\_\_\_\_

Business Location Property Owner Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Date Form Submitted to City Staff Member:** \_\_\_\_\_

**STEP 3** – Engineering Department Zoning and Building Code public safety review approvals

Zoning Administrator _____	Date _____
Building Official _____	Date _____

**STEP 4** – To apply for a Galax City Business License you must submit this approved application to the **Commissioner of Revenue** office; Rebecca Ogle at [rogle@galaxva.com](mailto:rogle@galaxva.com) , call 276-236-2528 or stop by the Galax Municipal Building at 111 East Grayson Street, Galax, VA 24333.