



Town of Leesburg Finance Department

Corporation Name: _____

State of Incorporation: _____

Date of Certificate of Authority to engage in business activity in the State of Virginia if a foreign or out-of-state corporation: _____

Attach Copy of Corporate Charter or Certificate of Authority, if available.

Name, home address, and telephone numbers (both home and business) of the Principal Officer of the Corporation.

Name, home address, and telephone numbers (both home and business) of the Registered Agent of the Corporation.

Is this Corporation a Subsidiary or an affiliate of another Corporation?
YES or NO (circle one)

If yes, complete the following: Name, address, and Principal Officer of the Parent Corporation/

Principal Officer:
