

**BUSINESS LICENSE APPLICATION**

DUE MAY 1, 2018

P.O. BOX 420

PHONE 434-369-5001/FAX 434-369-4369

TownHall@altavistava.gov

TYPE OF APPLICATION (Circle): RENEWAL      STARTING A NEW BUSINESS

BUSINESS/CORPORATION NAME:

TRADING AS (BUSINESS NAME):

OWNER'S NAME:

BUSINESS LICENSE MAILING ADDRESS:

PHYSICAL ADDRESS:

NEW ADDRESS: Yes No

OWNER'S HOME ADDRESS:

TYPE OF BUSINESS:

DATE OPENED:

HOME BASED: Yes No

BUSINESS CATEGORY (See back of form for License Type): \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

Cell/Hm: \_\_\_\_\_

FAX: \_\_\_\_\_

OWNER'S EMAIL:

FEDERAL I.D. / SOCIAL SECURITY NUMBER

SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ OTHER \_\_\_\_\_

**A. GROSS RECEIPTS FROM:****TO:****B. GAS STATION DEDUCTION (if applicable):****C. TOTAL RECEIPTS**

1. LICENSE TAX COMPUTATION: Edible, perishable goods \$25, Nonperishable goods \$125

2. Subtotal:

3. PENALTY: THE GREATER OF 10% OF LINE 2 OR \$10 IF PAID (POSTMARKED) AFTER MAY 1

4. INTEREST: 10% PER ANNUM OF LINE 2+3 IF PAID (POSTMARKED) AFTER MAY 1

5. TOTAL DUE: LINES 2+3+4

(REMIT THIS AMOUNT)

**FOR WHOLESALE MERCHANT LICENSES, ENTER GROSS PURCHASES RATHER THAN GROSS RECEIPTS.**

NOTES:

**MAKE CHECK PAYABLE TO "TOWN OF ALTAVISTA"****CERTIFICATION OF LICENSEE****I CERTIFY THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **LICENSE TYPE**

**(rate per \$100 of gross receipts)**

Contractors	\$0.03 up to \$200,000; \$0.01 in excess of \$200,000
Retailers	0.0425
Financial, Real Estate & Professional	0.0425
Personal Services, Repair	0.06
Wholesalers	0.0175
Wholesale Peddlers	0.0175
Commission Merchant	0.06
Direct Sellers - sales under \$4,000	0.0175
Direc Sellers - sales over \$4,000	0.055
Peddlers	\$125
Itinerant Merchange - edible, perishable goods	\$25
Itinerant Merchanges - nonperishable goods	\$125
Carnivals, Circus	\$100 per day; \$1,000 per week
Fortunetellers	\$500
Savings Institutions/State -chartered credit unions	\$25
Photographers, out-of-town	\$15
Operators, coin-operated machines	\$87.50 for less than 10 machines; \$100 for 10 or more machines plus \$0.18

**ALL BUSINESSES LOCATED WITHIN THE TOWN OF ALTAVISTA ARE REQUIRED TO HAVE A TOWN BUSINESS LICENSE. THE LICENSE IS CALCULATED UPON GROSS RECEIPTS (OR GROSS PURCHASES FOR A WHOLESALE MERCHANT).**

**RENEWAL APPLICATIONS AND PAYMENT MUST BE RECEIVED OR POSTMARKED ON, OR BEFORE MAY 1 TO AVOID LATE CHARGES. IF AN EXTENSION HAS BEEN FILED ON THE TAX RETURN PLEASE ESTIMATE THE GROSS RECEIPTS AND HAVE YOUR ACCOUNTANT MAIL OR FAX ON LETTERHEAD A STATEMENT CERTIFYING THE GROSS RECEIPTS.**

**APPLICATIONS FOR NEW BUSINESSES WILL BE REVIEWED BY THE ASSISTANT TOWN MANAGER TO ENSURE THAT THE BUSINESS LOCATION IS PROPERLY ZONED BEFORE AN OCCUPANCY PERMIT CAN BE ISSUED FROM CAMPBELL COUNTY BUILDING INSPECTION AS WELL AS A BUSINESS LICENSE.**

**CONTACT CAMPBELL COUNTY CIRCUIT COURT, 434-592-9517 IF YOU WILL BE OPERATING A BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME. TRADE NAMES THAT INCLUDE THE SOLE PROPRIETOR'S LAST NAME DO NOT HAVE TO BE RECORDED. TRADE NAMES USING ONLY AN INDIVIDUAL'S INITIALS OR ANY OTHER FICTITIOUS NAMES, WHICH DIFFER FROM THE ACTUAL SOLE PROPRIETOR, PARTNERSHIP, LLC, OR CORPORATE NAME MUST BE RECORDED WITH THE CLERK'S OFFICE. CODE OF VIRGINIA 59.1-74 REQUIRES PROOF OF RECORDATION BEFORE A LICENSE MAY BE ISSUED.**

**GROSS RECEIPTS\* MUST BE REPORTED USING THE SAME METHOD OF ACCOUNTING AS IS USED FOR FEDERAL INCOME TAX PURPOSES.**

**IF THE BUSINESS HAS CLOSED, PLEASE FILL IN BUSINESS NAME AND ADDRESS ON FRONT AND RETURN TO P.O. BOX 420, ALTAVISTA VA 24517.**

**PLEASE STATE LAST DAY OF OPERATION.**

**CLOSED AS OF: \_\_\_\_\_**