

**BUSINESS LICENSE APPLICATION**

DUE MAY 1, 2015

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	
<b>A. GROSS RECEIPTS FROM:</b>	<b>TO:</b>
<b>B. GAS STATION DEDUCTION (if applicable):</b>	
<b>C. TOTAL RECEIPTS</b>	
1. LICENSE TAX COMPUTATION: Gross Receipts/100 x Annual Rate	
<i>*If License Tax computes to \$30.00 or less enter \$30.00</i>	
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)	
<b>FOR WHOLESALE MERCHANT LICENSES, ENTER GROSS PURCHASES RATHER THAN GROSS RECEIPTS.</b>	
NOTES:	
<b>MAKE CHECK PAYABLE TO "TOWN OF ALTAVISTA"</b>	
<b>CERTIFICATION OF LICENSEE</b>	
<b>I CERTIFY THAT THE FOREGOING STATEMENTS AND FIGURES ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>