

# TOWN OF ELKTON, VIRGINIA

## APPLICATION FOR BUSINESS LICENSE FOR 20\_\_\_\_

\*10% PENALTY OF INTEREST AND 10% ANNUM INTEREST SHALL BE ADDED AFTER JUNE 1st\*

RETURN TO: **TREASURER'S OFFICE**  
**20593 Blue & Gold Drive**  
**Elkton, VA 22827**

\*PLEASE TYPE OR PRINT\*

NAME OF APPLICANT: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (PHYSICAL)

\_\_\_\_\_  
 (MAILING)

Phone: \_\_\_\_\_

Check One

INDIVIDUAL \_\_\_\_\_  
 PARTNERSHIP \_\_\_\_\_  
 CORPORATION \_\_\_\_\_  
 LLC \_\_\_\_\_

TYPE OF BUSINESS OR PROFESSION: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_

PLEASE TYPE OR PRINT

THE INFORMATION FURNISHED BY YOU UPON THIS FORM IS THE BASIS USED IN ASSESSING YOUR BUSINESS LICENSE FEE

- |   |   |          |
|---|---|----------|
| 1 | COIN OPERATED OR DEVICES IN THE TOWN OF ELKTON, VIRGINIA<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR       | \$ _____ |
|   | NUMBER OF MACHINES<br>(A LIST OF MACHINE TYPE LOCATION AND ADDRESS MUST ACCOMPANY THIS APPLICATION)           | _____    |
| 2 | CONTRACTORS (ALL TYPES)<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR  | \$ _____ |
| 3 | FINANCIAL, REAL ESTATE & OTHER PROFESSIONAL SERVICES<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR           | \$ _____ |
| 4 | REPAIR, PERSONAL, AND BUSINESS SERVICE<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR                         | \$ _____ |
| 5 | RETAIL MERCHANTS<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR   | \$ _____ |
| 6 | TELEPHONE, TELEGRAPH, WATER OR HEAT, LIGHT AND POWER COMPANIES<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR | \$ _____ |
| 7 | WHOLESALE MERCHANTS<br>TOTAL PURCHASES  | \$ _____ |
| 8 | OTHER BUSINESS OR SERVICES  |          |
|   | _____<br>SPECIFY TYPE OF BUSINESS   | \$ _____ |

\*IMPORTANT\*

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION AS TO GROSS RECEIPTS, SALES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\*FORM MUST BE COMPLETED IN FULL AND A FEDERAL I.D. OR SS# MUST BE FURNISHED BEFORE BUSINESS LICENSE WILL BE ISSUED\*

\_\_\_\_\_  
(FEDERAL I.D. NO. OR SOCIAL SECURITY NO.)

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE

The above location is zoned for the business that is requested