Town of Coeburn

APPLICATION FOR BUSINESS LICENSE
403 2ND STREET NE
PO BOX 370
COEBURN, VA 24230 (276)-395-3323

DUE DATE: MAY 1ST ANNUALLY
ALL PERSONAL PROPERTY TAXES AND MEALS TAX MUST BE PAID PRIOR TO ISSUANCE OF BUSINESS LICENSE

TO BE ISSUED TO:	SOCIAL SECURITY NUMBER:
TRADING AS:	FEDRAL ID NUMBER:

PHYSICAL ADDRESS (PLEASE PROVIDE COMPLETE 911 LOCATION): IS THIS OPERATED FROM YOUR RESIDENCE: ☐ Y ☐N
If yes, please complete Home Occupation Questionnaire

MAILING ADDRESS: CITY: STATE: ZIP: BUSINESS PHONE:

KIND OF BUSINESS – GIVE DETAILS:

PLEASE INDICATE OWNERSHIP STATUS: INDIVIDUAL ☐ PARNERSHIP ☐ CORPORATION: ☐

LIST PARTNERS OR CORPORATE OFFICERS, OWNERS:	TITLE	RESIDENCE ADDRESS	RESIDENCE PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW BUSINESS: ☐YES ☐NO IF YES, OPENING DATE _____

FOR BUSINESS PURCHASED FROM ANOTHER
THIS BUSINESS FORMERLY OPERATED BY: WHOSE PRESENT ADDRESS IS:

DID YOU TAKE OVER? ☐ENTIRE BUSINESS ☐PORTION THEREOF _____% YOU OWN

HAVE YOU EVER HAD A BUSINESS LICENSE IN THE TOWN OF COEBURN: ☐YES ☐NO	COMPANY NAME:

NAME AND ADDRESS OF PARENT COMPANY:

LICENSE IS BASED ON PREVIOUS YEAR'S TRANSACTIONS. PAY THE GREATER OF THE CALCULATED TAX AMOUNT OR $30.00 – PENALTY 5% AND INTEREST 8% PER ANNUM.
SUFFICIENT RECORDS SHALL BE KEPT BY THIS BUSINESS TO ENABLE VERIFICATION OF THE GROSS RECEIPTS STATED ON THIS APPLICATION, SUCH RECORDS SHALL BE MADE AVAILABLE TO THE TREASURER ON DEMAND.

****CHECK ALL OF THE FOLLOWING RATES WHICH APPLY TO YOUR BUSINESS****

YEAR GROSS RECIEPTS X RATE = TAX AMT DUE PENALTY/INETEREST

___RETAIL SALES _____ ☐ACTUAL ☐ESTIMATED _____ X.0015 =_____ + PENALTY/INT. _____
ABC License # _____
___FUEL SALES _____☐ACTUAL ☐ESTIMATED _____ X.0013 =_____ + PENALTY/INT _____

___LABOR/SERVICE_____☐ACTUAL ☐ESTIMATED _____ X.0020 = _____ + PENALTY/INT. _____

___PROFESSIONAL _____☐ACTUAL ☐ESTIMATED _____ X.0020 = _____ + PENALTY/INT. _____

___*CONTRACTOR _____ ☐ACTUAL ☐ESTIMATED _____X .0020 = _____ + PENALTY/INT. _____

CONTRACTORS MUST SUPPLY A CURRENT CONTRACTOR'S STATE CERTIFICATION AND A VWC FORM 61A

ANY PERSON, FIRM OR CORPORATION MAKING A FALSE STATEMENT OF THEIR GROSS RECEIPTS SHALL BE GUILTY OF A MISDEMEANOR.

I HEREBY CERTIFY THAT THE FIGURES SHOWN ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THIS IS A TRUE STATEMENT OF THE ACTIVITIES OF MY BUSINESS.

APPLICATION DATE:_____ SIGNATURE _____ TITLE _____

LATE FEES APPLY AFTER MAY 1ST

FOR OFFICE USE ONLY:
License Number: