



APPLICATION FOR BUSINESS LICENSE

403 2nd Street NE
 P.O. Box 370
 Coeburn, Virginia 24230
 Office: (276) 395-3323
 Fax: (276) 395-3648

DUE ANNUALLY ON MAY 1ST

All personal property taxes and meals tax must be paid prior to issuance of Business License.

To be issued to:		SSN:	
Trading as:		Federal ID Number:	
Physical Address		Is Business operated from your residence: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Home Occupation Questionnaire	
Mailing Address	City	State	Zip Business Phone
Nature of Business (Give Details):			
Please indicate ownership status: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
List Partners or Corporate Officers, Owners:	Title	Residence Address	Residence Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
New Business: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, opening date: _____			
Was Business purchased from someone else: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from whom: _____			
Address: _____ Phone: _____			
Was Business taken over as <input type="checkbox"/> Entire Business <input type="checkbox"/> Portion thereof _____% you own			
Have you ever had a business license in the Town of Coeburn <input type="checkbox"/> Yes <input type="checkbox"/> No		Business 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 10% and interest of 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 the following rates which apply to your business****			
Year	Gross Receipts X Rate = Tax Amount Due**	Penalty/Interest(P&I)	
<input type="checkbox"/> Retail Sales _____	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated \$ _____ x .0015 = \$ _____	+ P&I \$ _____	
ABC License Number _____			
<input type="checkbox"/> Fuel Sales _____	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated \$ _____ x .0013 = \$ _____	+ P&I \$ _____	
<input type="checkbox"/> Labor/Service _____	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated \$ _____ x .0020 = \$ _____	+ P&I \$ _____	
<input type="checkbox"/> Professional _____	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated \$ _____ x .0020 = \$ _____	+ P&I \$ _____	
<input type="checkbox"/> *Contractor _____	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated \$ _____ x .0020 = \$ _____	+ P&I \$ _____	
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.			
_____	_____	_____	
Date of Application	Signature	Title	
LATE FEES APPLY AFTER MAY 1st			

