



BUSINESS LICENSE APPLICATION

CALENDAR YEAR _____

NAME: _____

BUSINESS NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ ALTERNATE NUMBER: _____

E-MAIL ADDRESS: _____

TAX ID OR SS #: _____

TYPE OF BUSINESS: _____

EMPLOYEE COUNT: _____ NAICS CODE: _____

GROSS RECEIPT AMOUNT: _____

_____ PER \$100.00 OF GROSS RECEIPTS TOTAL FOR ENTIRE YEAR
(based upon business category – see www.townofwoodstockva.com/316/business-licenses for more
details on fees)

SIGNATURE: _____

DATE: _____

(for Office Use only)

DATE RECEIVED: _____ TOTAL PAID: _____

LICENSE FEE DUE (EXCLUDING PENALTY): _____

PENALTY AMOUNT (IF APPLICABLE): _____

LICENSE NUMBER: _____

Revised 09/2022

This Institution is an Equal Opportunity Provider