

TOWN OF DILLWYN, VIRGINIA

Phone: (434) 983-2076

1030 Main Street, P.O. Box 249, Dillwyn, VA 23936

Fax: (434) 983-1723

Application For License

(PLEASE PRINT)

For the period Beginning: _____ 20____ Ending: December 31, 20____

Applicant _____ Trading As _____
(REGISTERED NAME) (OPERATING NAME, IF DIFFERENT FROM REGISTERED NAME)

Physical Address _____ Mailing Address _____
(NUMBER & STREET - NOT P.O. BOX) (STREET OR P.O. BOX)

Dillwyn, VA 23936

(CITY OR TOWN, STATE AND ZIP)

EIN/Fed Tax ID _____ Phone Number () _____

Contact Person _____ Title _____ Email Address _____

Name and address of owner if not same as applicant: _____

Applicant applies for the following licenses:

TYPE OF LICENSE	TAX RATE*	GROSS RECEIPTS Jan. 1-Dec. 31	AMOUNT OF LICENSE TAX (Minimum of \$40)
Retail Merchant/Contractor	.0012	x	=
Wholesale Merchant	.0009	x	=
Professional	.0012	x	=
Amusement (Per Machine)	\$35.00	x	=
Peddler or Itinerant Merchant	\$750.00 flat	x	=

TOTAL LICENSE TAXES DUE Payable by March 1 _____

10% Penalty, if tax received after March 31 _____

TOTAL TAX, FEE AND PENALTY DUE _____

Additional fines may be applied if license tax and fee not paid by March 31.

*Contractor: \$25.00; all others: \$37,500 minimum receipts. Apply the rate to any amount of these minimums.

OATH - I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

BY _____
SIGNATURE OF APPLICANT FOR LICENSE

BY _____
AUTHORIZED AGENT

--- APPLICANT DO NOT FILL IN BELOW THIS LINE ---

--- LICENSE ---

I do certify that the above applicant has deposited with me the amount shown for the license/s indicated above.

Date _____ By _____ Treasure, Town of Dillwyn

THIS LICENSE MUST BE DISPLAYED IN FULL PUBLIC VIEW