Town of Tazewell, Virginia P.O. Box 608 Tazewell, VA 24651 PHONE: 276-988-2501

2026 APPLICATION FOR LICENSE

Name of Business: _____

Business Owner (s):_____

Tax Id #_____ S.S.#_____

Phone: _____ Email:_____

Physical Location of business, occupation or profession_____

Mailing address for the business _____

Applicant is: _____ Individual _____ Firm/Partnership _____ Corporation

Names and residence addresses of Firm/Partnership members

_____

_____

Nature of Business, Occupation, or Profession –Please Select One

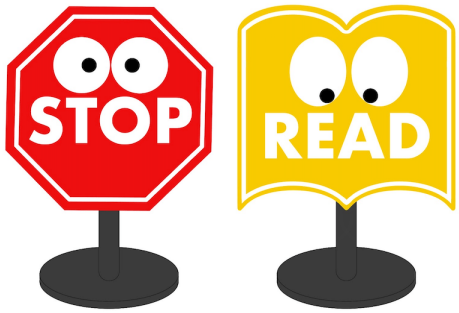
○	**Retail Merchant : Rate .20% (Gross Receipts x .0020 = Total Due)**
○	**Financial /Real Estate/ Professional Service : Rate .40% (Gross Receipts x .0040 = Total Due)**
○	**Contractor : Rate .15% (Gross Receipts x .0015= Total Due)**
○	**Repairs/Personal Service : Rate .25% (Gross Receipts x .0025= Total Due)**
○	**Wholesale Merchant : Rate .05% (Gross Receipts x .0005= Total Due)**
○	**Peddler Starting at $20**

NOTICE: ISSUANCE AND REISSUANCE, OF LICENSE IS DEPENDENT UPON BUSINESS BEING AND KEEPING CURRENT IN ITS PAYMENT OF ALL APPLICABLE TAXES (I.E.; REAL ESTATE, PERSONAL PROPERTY, TRANISENT OCCUPANCY, MEALS) ASSOCIATED WITH BUSINESS OPERATION. BY SIGNING BELOW YOU ARE ACKNOLWEDGING THIS ONGOING RESPONSBILITY AND PERSONAL LIABILITY FOR THE PAYMENT THEREOF.

Total Gross Receipts for Previous Year $_____

Tax Rate (find beside nature of business) _____

Total Due (on or before April15) **$_____*10% Penalty After April 15 ***
($20.00 minimum required)



⬇IMPORTANT**⬇**

APPLICANT MUST SELECT AND ATTACH ONE OF THE FOLLOWING
(EXCEPT **FIRST** TIME APPLICATION) :

- A COPY OF YOUR PRIOR YEAR'S FEDERAL INCOME TAX RETURN
- VIRGINIA MONTHLY SALES TAX REPORTS
- A STATEMENT FROM YOUR BOOKKEEPER/CERTIFIED PUBLIC ACCOUNTANT

YOU WILL NOT RECEIVE YOUR CERTIFICATE UNTIL ALL APPLICABLE TAXES ARE PAID AND THE APPLICATION AS WELL AS TAX REPORTING REQUIREMENT ARE SATISFIED.

I declare that the following statements and figures are true, full and correct to the best of my knowledge and belief.
NOTE: It is a Class 1 Misdemeanor for any person to willfully subscribe to a return which he does not believe to be true and correct as to every material matter. (Code of VA, Sec. 58.1-11)

_____ _____
Signature of Taxpayer
(Individual, General Partner, or Corporate Officer)

Signature of Individual or Sole Proprietor

_____ _____
Title Date

Office Use: Zoning District _____ Obtained Zoning Permit if Necessary_____

Zoning Official Approval _____

Payment Financial Facility: _____ CK: _____ CRG: _____ CSH: _____