

PLEASE SEND PAYMENT WITH APPLICATION

TOWN OF MARION
P.O. BOX 1005
MARION, VA 24354

FOR OFFICE USE ONLY

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

FOR THE YEAR

License No. _____

License Fee _____

Penalty _____

Total _____

Date Issued _____

BUSINESS TYPE _____

IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE ☐ AND SKIP TO ITEM NO. 5
FOR NEW BUSINESS, OR TO CORRECT HEADING ABOVE, BEGIN WITH ITEM NO. 1

1.

NAME OF PARTNERS OR OFFICERS OF FIRM

2.

MAILING ADDRESS

3.

BUSINESS LOCATION

PHONE NO.

4.

7.

NAME OF PREVIOUS OWNER, IF OWNERSHIP
HAS CHANGED

8.

CONTRACTOR'S PROFESSIONAL CARD NUMBER

9.

FEDERAL ID OR SOCIAL SECURITY NUMBER

GROSS RECEIPTS

5. **REPORT APPLICABLE FIGURE
FOR YEAR JUST ENDED:**

\$

FROM
BUSINESS OR PROFESSION

6. **RATE:/**

TOTAL LICENSE FEE: \$

per \$100. gross receipts, or \$30.00 minimum, whichever is greater.

I (We) do hereby certify that the amount returned as **TOTAL GROSS** from my business or profession as reported herein is true and correct, and that I am familiar with the town ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

(Signed) _____

(Signature of Applicant)

DELINQUENT FEBRUARY 1

Penalty for delinquency in paying License Tax 10%

Minimum \$10 Penalty

PLEASE RETURN BOTH COPIES OF THIS APPLICATION WITH YOUR CHECK.