



APPLICATION FOR TOWN BUSINESS, PROFESSIONAL AND/OR OCCUPATIONAL LICENSE
In accordance with Bowling Green Code (Chapter 7, Article 7-VII)

TOWN OF BOWLING GREEN, VIRGINIA

Gross Receipts for prior
calendar year Sec. # 7-704

BUSINESS NAME/ADDRESS

DEPARTMENT OF FINANCE
117 BUTLER STREET, VIRGINIA
22427 (804) 633-6212
WWW.TOWNOFBOWLINGGREEN.COM

LICENSE ID #	
ACCOUNT ID #	
VERIFY AND UPDATE	
VA SALES TAX #	
FED TAX #	
NAICS CODE	
CO#	

RENEWAL

FORM MUST BE RETURNED BY THE FIRST BUSINESS DAY OF MARCH TO AVOID PENALTY AND INTEREST
BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED

Include payment, signed form completed FRONT AND BACK, and list of renters, if applicable.
PLEASE MAKE ANY CHANGES OR CORRECTIONS ON THIS PRE-PRINTED FORM

A	Enter prior calendar year GROSS RECEIPTS	\$
B	Divide line A by 100	\$
C	Enter appropriate rate (see attached rate chart)	\$
D	Gross receipts tax (Line B x Line C)	\$
E	Flat fee license if applicable (see attached rate chart)	\$
F	TOTAL TAX DUE	\$
G	Add 10% penalty if filing after March 1st	\$
H	TOTAL TAX AND PENALTY (Line F + G)	\$
I	10% per annum interest on tax & penalty (.0083 x number of months late x Line K)	\$
J	Balance due from prior year	\$
K	TOTAL TO BE PAID TO TOWN OF BOWLING GREEN (Line H + I + J)	\$

Date Business Ceased (if Applicable):

Name/Address of Successor (if Any):

LICENSE IS NOT TRANSFERABLE

RETAIN A COPY FOR YOUR RECORDS

SIGN BELOW OR FORM IS NOT VALID

I declare that the statement and figures herein given are true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

BUSINESS MAILING ADDRESS

BUSINESS NAME / ADDRESS

Bowling Green Business Professional and Occupational License Questionnaire/Gross Receipts Worksheet

1. Trade Name of Business: _____		
2. What kind of Entity is this Business? (check all that apply)		
☐ Individual	☐ Limited Partnership	☐ Home-based
☐ General Partnership	☐ Corporation	☐ Limited Liability Company
		☐ Non-Profit Organization
3. Corporate / Partnership / LLC Name Registered with the State Corporation Commission: _____		
4. Business' Street Address: _____		
Business' Website: _____		
Name and Title of Person responsible for filing this application: _____		
(Name)		
_____	Phone Number: _____	Date of Birth: _____
(Title)		
Email Address: _____		
5. <i>If you rent the business premises</i> , provide the name and address of landlord. _____		
Amount of Annual Rent: \$_____ Square Footage of rented space: _____		
6. Number of Full-Time Employees at this Location: _____ Number of Part-Time Employees: _____		
7. Home address and phone <i>if different</i> from Business Location (For Individual Business Only) _____ _____		
8. Name and Title of person who completed this Questionnaire: _____		
Phone Number: _____ Email Address: _____		



Town of Bowling Green, Virginia

117 Butler Street ♦ P.O. Box 468

Bowling Green, VA 22427

Business, Professional & Occupational License Rate Schedule

- In Town Contractors: \$25,000 or more, 0.15 cents per \$100
- Out of Town Contractors: 0.15 cents per \$100 per job
- Wholesalers: 0.05 cents per \$100
- Carnivals: \$100 per day flat rate
- Itinerant Vendors: \$500 per year flat rate
- Savings/Loans: \$50 per year flat rate
- Home Occupations: \$4,000 or more, 0.15 cents per \$100
- Utility Businesses: 0.05 cents per \$100
- Coin Operated/Amusement Machines: \$20 per machine flat
 - \$200 max amount per year
- Car Dealers: 0.15 per \$100
- Cab Companies: 30 per year flat
- Retail/Restaurants: 0.15 per \$100
- Anything not listed: 0.15 per \$100