

**TOWN OF CHILHOWIE
PEDDLERS LICENSE APPLICATION**

PLEASE COMPLETE APPLICATION, SIGN AND RETURN to Town Treasurer, Town of Chilhowie, PO Box 5012, Chilhowie, VA 24319. Check or money order in the license amount must accompany this application.

Trade Name _____

Single Ownership ____ Co-Partnership ____ LLC ____

Corporation: Domestic ____ Foreign _____

Federal ID Number _____ If foreign, give date of authority by SCC _____

Applicant _____

Street Address or PO Number _____

Town _____ State _____ ZipCode _____

Chilhowie Business Address _____

New Business _____ Renewal of License _____

(Starting Date)

Have you ever been convicted of a felony? _____

Date and location of conviction: _____

Under penalty of perjury I (we) do hereby swear (or affirm) that the amount reported as gross receipts from my business or profession as reported herein is true and correct (i.e., gross sales, gross purchases, gross commissions, or other taxable basis under the Town Business and Professional License Tax Code)

Signature of applicant required.

For information call 276- 646-3232

License Classification	
Gross Receipts	
Gross Purchases	
Other Basis	
Tax	
Amount	
Total Assessment	

Signature of Applicant or Agent **Title** **Date**

FOR OFFICE USE ONLY

Received by _____ Amount Due _____

Date _____ Penalty (10%) _____

Total _____

