

**TOWN OF CHILHOWIE
BUSINESS LICENSE APPLICATION**

PLEASE COMPLETE APPLICATION, SIGN AND RETURN to Town Treasurer, Town of Chilhowie, PO Box 5012, Chilhowie, VA 24319 on or before **MARCH 1, 2019** to avoid 10% penalty. 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 _____

Please indicate the zoning for the business _____

Applicant _____

Street Address or PO Number _____

Town _____ State _____ ZipCode _____

Chilhowie Business Address _____

New Business _____ Renewal of License _____
(Starting Date)

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	
TOTAL GROSS RECEIPTS FROM PREVIOUS YEAR	
\$0.155 PER \$100 OF GROSS RECEIPTS	
GROSS PURCHASES (WHOLESALE ONLY)	
.05 ON EACH \$100 OF GROSS PURCHASES	
TOTAL AMOUNT DUE	
ADDITIONAL	INFORMATION
OPENING DATE OF BUSINESS	
NUMBER OF EMPLOYEES	
ANY UPGRADES TO BUILDING, MATERIALS PURCHASES, ETC (ESTIMATED DOLLAR AMOUNT)	

Signature of Applicant or Agent

Title

Date

For Office Use Only

Received by:	
Date:	
Amount Due:	
Penalty:	
Total Paid:	

