## 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, 2023 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 fore	ign, give date of authority by SCC
Please indicate the zoning for the business	
Applicant	
Street Address or PO Number	
TownState_	ZipCode
Chilhowie Business Address	
New Business Renewal of License (Starting Date)	
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	38 - 10 - 2 - 50 - 10 - 10 - 10 - 10 - 10 - 10 - 10
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 Ti	tle Date
For Office Use Only	
Received by:	
Date:	
Amount Due:	
Penalty:	
Total Paid:	

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