



Application for Business or Professional License

Town of Christiansburg

100 East Main Street
Christiansburg, VA 24073-3029
(540) 382 - 9519

Account Number:

Business Type:

BUSINESS NAME: _____

BUSINESS DBA: _____

OWNER: _____

MAILING ADDRESS: _____

BUSINESS LOCATION: _____

BUSINESS PHONE: _____

BUSINESS FAX: _____

CONTACT EMAIL: _____

CONTRACTORS STATE LICENSE # AND CLASS: _____

EXPIRATION DATE: _____

CONTRACTORS MUST SUBMIT LIABILITY INSURANCE CERTIFICATE

SSN OR FEDERAL TAX ID: _____

Please compute your license using the tax rate and mail your remittance with the application form complete. Tax rate base on per \$100 of gross receipts/wholesale based on gross purchases. Report applicable figure for year just ended

TAX RATE	PREVIOUS YEAR GROSS RECEIPTS	\$
LICENSE FEE (\$30.00 MINIMUM)	\$ _____	DUE BY MARCH 1st
10% PENALTY (\$10.00 MINIMUM)	\$ _____	
10% INTEREST PER ANNUM	\$ _____	
GRAND TOTAL	\$ _____	

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 penalties and interest.

Signature of Applicant

Date