



Renewal Application for Business or Professional License

Town of Christiansburg

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

Account Number:

Business Type:

****IF YOU ARE NO LONGER IN BUSINESS, PLEASE PROVIDE DATE THAT YOU CEASED TO OPERATE AND RETURN FORM****

CEASE DATE: _____

BUSINESS ORGANIZATION TYPE: (PLEASE CIRCLE ONE) PARTNERSHIP INDIVIDUAL CORPORATION LLC

BUSINESS NAME: _____

BUSINESS DBA: _____

NAME OF OWNER: _____

DATE BUSINESS ESTABLISHED: _____

MAILING ADDRESS: _____

BUSINESS LOCATION: _____

BUSINESS PHONE: _____

BUSINESS FAX: _____

CONTACT EMAIL: _____

SSN OR FEDERAL TAX ID: _____

CONTRACTORS STATE LICENSE # AND CLASS: _____

EXPIRATION DATE: _____

****MUST SUBMIT LIABILITY INSURANCE CERTIFICATE****

****If business is a corporation or an LLC, please fill out the attached schedule for partners & officers INCLUDING YOURSELF****

****Please compute your license fee using the tax rate and mail your remittance with the application form completed. Tax rate based 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) \$ _____

10% PENALTY (\$10.00 MINIMUM) \$ _____

10% INTEREST PER ANNUM \$ _____

GRAND TOTAL \$ _____

IMPORTANT: CONTRACTORS ONLY

ALL CONTRACTORS MUST ATTACH COPIES OF ALL BUSINESS LICENSE APPLICATIONS FROM OTHER LOCALITIES & SUBTRACT THIS AMOUNT OF GROSS RECEIPTS FROM THE TOTAL FOR THE TOWN.

\$ _____ TOTAL GROSS
-\$ _____ RECEIPTS FILED WITH OTHER LOCALITIES
=\$ _____ TOTAL RECEIPTS PAYABLE TO THE TOWN OF CHRISTIANSBURG

****FAILURE TO ATTACH RECEIPTS WILL RESULT IN BILLING ON FULL GROSS****

DUE BY MARCH 1st

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

PARTNER/CORPORATE OFFICERS

Including yourself if you are the sole partner

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

NAME OF REGISTERED AGENT: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____