



New Application for Business or Professional License

Town of Christiansburg

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

Account Number:
Business Type:

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****

<u>BOX FOR OFFICE USE ONLY</u>	
ZONING APPROVAL	_____
BUILDING APPROVAL	_____

****IF BUSINESS IS A CORPORATION OR LLC PLEASE FILL OUT ATTACHED SCHEDULE FOR PARTNERS & CORPORATE OFFICERS****

****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 _____ \$ _____

LICENSE FEE (\$30.00 MINIMUM) \$ _____

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

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____

NAME: _____ SSN: _____ PHONE: _____

ADDRESS: _____

NAME OF REGISTERED AGENT: _____ PHONE: _____

ADDRESS: _____