

TOWN OF ELKTON, VIRGINIA

APPLICATION FOR BUSINESS LICENSE FOR 2021

10% PENALTY OF INTEREST AND 10% ANNUUM INTEREST SHALL BE ADDED AFTER JUNE 1st

RETURN TO: **TREASURER'S OFFICE**
173 W Spotswood Avenue
Elkton, VA 22827

PLEASE TYPE OR PRINT

NAME OF APPLICANT: _____

TRADE NAME: _____

ADDRESS: _____
(PHYSICAL)

(MAILING)

Phone: _____

Check One

INDIVIDUAL _____
PARTNERSHIP _____
CORPORATION _____
LLC _____

TYPE OF BUSINESS OR PROFESSION: _____

DATE STARTED: _____

PLEASE TYPE OR PRINT

THE INFORMATION FURNISHED BY YOU UPON THIS FORM IS THE BASIS USED IN ASSESSING YOUR BUSINESS LICENSE FEE

1	COIN OPERATED OR DEVICES IN THE TOWN OF ELKTON, VIRGINIA TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR NUMBER OF MACHINES (A LIST OF MACHINE TYPE LOCATION AND ADDRESS MUST ACCOMPANY THIS APPLICATION)	\$ _____
2	CONTRACTORS (ALL TYPES) TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR	\$ _____
3	FINANCIAL, REAL ESTATE & OTHER PROFESSIONAL SERVICES TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR	\$ _____
4	REPAIR, PERSONAL, AND BUSINESS SERVICE TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR	\$ _____
5	RETAIL MERCHANTS TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR	\$ _____
6	TELEPHONE, TELEGRAPH, WATER OR HEAT, LIGHT AND POWER COMPANIES TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR	\$ _____
7	WHOLESALE MERCHANTS TOTAL PURCHASES	\$ _____
8	OTHER BUSINESS OR SERVICES SPECIFY TYPE OF BUSINESS	\$ _____

IMPORTANT

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION AS TO GROSS RECEIPTS, SALES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE

*FORM MUST BE COMPLETED IN FULL AND A
FEDERAL I.D. OR SS# MUST BE FURNISHED BEFORE
BUSINESS LICENSE WILL BE ISSUED*

(FEDERAL I.D. NO. OR SOCIAL SECURITY NO.)

The above location is zoned for the business that is requested

ZONING ADMINISTRATOR

DATE