

## JANE L. IRBY COMMISSIONER OF THE REVENUE · COUNTY OF AMHERST, VIRGINIA P. O. BOX 719 AMHERST, VIRGINIA 24521 (434) 946-9310

## **AMHERST COUNTY BUSINESS LICENSE**

Annual Renewal Application

CHECKS PAYABLE TO TREASURER OF AMHERST COUNTY \*\*\*RENEWAL APPLICANTS MUST FILE AND PAY ALL TAXES DUE BY MAY 1, LICENSE YEAR \_

EXPI	HES
MAY	1,

BUSINESS LICENSE DECAL I	NO.	FEDERAL I.D. NO. OR SOCIAL SECURITY NO.				
APPLICANT NAME AND MAIL	ING ADDRESS	TRADE NAME				
THE STATE OF THE S		TRADE NAME	TRADE NAME			
		BUSINESS ADDRESS	BUSINESS ADDRESS			
		foreign and in the many and a second of the				
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					36	
PHONE & CONSENT TO DATE ESTABLISHED		NATURE OF BUSINESS	NATURE OF BUSINESS PHYSICAL LOCA			
RELEASE PHONE: # Y N			THOOAL LOOA	TION		
FICTITIOUS NAME FILED ZONING APPROVED		WORKER'S COMPENSATION INSURANCE CARRIER	INDICATE IF APP	LICANT IS:		
			(1) INDIV. (P) PARTNERSHIP		(C) CORP.	
TYPE OF LICENSE	SEC 1 CODE				(-,	
Actual Gross Receipts  NO LICENSE WILL BE ISSUED WITHOUT PROOF OF GROSS RECEIPTS			(4) h			
NO LICENSE WILL BE ISSUED WITHOUT PROOF OF GROSS RECEIPTS  If Line 1 is less than \$50,000 - Fee = \$10.00			(1) \$			
2.	γοσ,σοσ 1 σο = φ1σ.σο			(O) ¢		
If Line 1 is Greater that	an \$50,000 (Do Not D	educt \$50,000 from Line 1)		(2) \$		
3. See Instructions on Back	(		(3) \$			
Itinerant Merchants (C		Toolog Gross Fleedipts		(υ) ψ		
4.				(4) \$		
Total Tax Due • (Add I	ines 2, 3, 4)			, ,		
	If filing after May 1,	(10% of Line 5)		(5) \$		
5.				(6) \$		
Interest • (ADD LINE)	C 5 % 6\ Int. rata 0000 fa	(IF FILING AFTER MAY 1,)				
7.	3 3 & 6) IIII. rate .0083 for ea	ch month late beginning June 1,	Annual rate of 10%	(7) \$		
TOTAL AMOUNT	DUE (Total Lin	nes 5, 6, & 7)		(8) \$		
HE COMPLETION AND ISSUA	ANCE OF THIS APPLICATIO	N FOR COUNTY BUSINESS LICENS	E SHALL NOT BE DI	EEMED TO BE	APPROVAL TO	
Commissioner of the Revenue	of the County of Amborat	NG AND USE PERMITS FOR THE LO	DCATION IN WHICH	YOU INTEND	TO LOCATE.	
rumance of the County of Amn	erst, virginia, this license is s	rirginia, do find the foregoing application is everally granted to the above named	applicant to prosperit	a the husiness	ampleument er prefe	20-
ion covered by the loregoing at	opiication as indicated neron.	at the above named definite location to	or the period indicate	d This license	however shall not be	
ides not permit licensee to pros	ecute any business, profession	alties and interest) prescribed by said on or occupation in violation of any Co	ordinance are paid to untv Ordinance. Stat	the Treasurer of	of Amherst County, ar	nd
Commissioner of the Revenue Sworn (or affirmed) to before me				o o rodordi idi		
HIS LICENSE IS NOT TRANS	FERABLE	By Signature of	Commissioner of the Re	evenue, deputy or	other designated officia	
DATH, I THE UNDERSIGNED A CORRECT TO THE BEST OF M	PPLICANT DO SWEAR (OR Y KNOWLEDGE AND BELIE	AFFIRM), THAT THE FOREGOING F EF, AND THAT I UNDERSTAND THE I	IGURES AND STATI	EMENTS ADE		•
USINESS NAME		AUTHORIZED SIGN	ATURE AND TITLE		DATE	_
TATE LICENSE NO.	REQUIRED BY LAW		PHONE	-	EVE	_
		ORIGINAL ONLY - RETURN	PHUNE		EXT.	