

TOWN OF ELKTON, VIRGINIA
APPLICATION FOR BUSINESS LICENSE FOR 2022

10% PENALTY OF INTEREST AND 10% ANNUM 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: _____
PLEASE TYPE OR PRINT

DATE STARTED: _____

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