

**TOWN OF ELKTON, VIRGINIA**  
**APPLICATION FOR BUSINESS LICENSE FOR 2023**

\*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)

Phone: \_\_\_\_\_

(MAILING)

(EMAIL ADDRESS)

TYPE OF BUSINESS OR PROFESSION: \_\_\_\_\_

DATE STARTED: \_\_\_\_\_

**Check One**

INDIVIDUAL \_\_\_\_\_  
PARTNERSHIP \_\_\_\_\_  
CORPORATION \_\_\_\_\_  
LLC \_\_\_\_\_

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<br>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR                           | \$ _____ |
|   | NUMBER OF MACHINES<br>(A LIST OF MACHINE TYPE LOCATION AND<br>ADDRESS MUST ACCOMPANY THIS APPLICATION)                            | _____    |
| 2 | CONTRACTORS (ALL TYPES)<br><b>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR</b>   | \$ _____ |
| 3 | FINANCIAL, REAL ESTATE, SHORT TERM RENTALS & OTHER PROFESSIONAL<br>SERVICES<br><b>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR</b> | \$ _____ |
| 4 | REPAIR, PERSONAL, AND BUSINESS SERVICE<br><b>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR</b>                                      | \$ _____ |
| 5 | RETAIL MERCHANTS<br><b>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR</b>  | \$ _____ |
| 6 | TELEPHONE, TELEGRAPH, WATER OR HEAT, LIGHT<br>AND POWER COMPANIES<br><b>TOTAL GROSS RECEIPTS FOR PAST CALENDAR YEAR</b>           | \$ _____ |
| 7 | WHOLESALE MERCHANTS<br><b>TOTAL PURCHASES</b>   | \$ _____ |
| 8 | OTHER BUSINESS OR SERVICES  |          |
|   | _____<br><b>SPECIFY TYPE OF BUSINESS</b>  | \$ _____ |

\*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