



TOWN OF CHINCOTEAGUE
6150 COMMUNITY DRIVE
CHINCOTEAGUE ISLAND, VIRGINIA 23336
PHONE: 757-336-6519
FAX: 757-336-1965

BUSINESS LICENSE APPLICATION/RENEWAL FOR YEAR: 2017

ACCOUNT NUMBER _____

BUSINESS NAME _____

TRADING AS _____

TYPE OF BUSINESS OR PROFESSION _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

FEDERAL ID NUMBER _____

NUMBER OF BEDROOMS _____ AGENCY _____

GROSS RECEIPTS BASED ON PREVIOUS TAX YEAR
RETAIL SALES RATE: PRIOR YEAR GROSS RECEIPTS X .0013 = TAX AMOUNT
MINIMUM TAX AMOUNT \$50.00 MAXIMUM TAX AMOUNT \$500.00

PRIOR YEAR GROSS RECEIPTS _____ TAX AMOUNT DUE ON GROSS RECEIPTS _____ LATE PENALTY PAYMENT (10%) _____ TOTAL AMOUNT DUE _____
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All contractors applying for business license must provide a completed contractor's Certification of Insuring Liability for Workman Compensation in Virginia before a license can be issued. (FORM 61-A)
 All contractors applying for business license must provide a current VA contractor card.

PRINCIPAL OWNERS OF THE BUSINESS:

NAME _____

STREET ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

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 for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

Given under my hand this _____ day of _____

APPLICANT'S SIGNATURE _____

TITLE _____