## TOWN OF CHINCOTEAGUE 6150 COMMUNITY DRIVE CHINCOTEAGUE ISLAND, VIRGINIA 23336

PHONE: 757-336-6519 FAX: 757-336-1965

## BUSINESS LICENSE APPLICATION/RENEWAL

	For the Business L	icense Year 2016
Is this a NEW Business?	YES	NO
If YES, what date did the business start?		<del>,,,,,,,</del>
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
PRIOR YEAR GROSS RECEIPTS TAX AMOUNT DUE ON GROSS REC	CEIPTS	
LATE PENALTY PAYMENT (10%)		
INTEREST CHARGES (10% PER AN	INUM STARTING AFT	TER MAY 1st)
TOTAL AMOUNT DUE		
	with the town ordinance	OSS from my business or profession as reported herein providing for penalties and revocation of my (our)
Given under my hand this	day of	
APPLICANT'S SIGNATURE		•
TITLE	<del></del>	

PRINCIPAL OWNERS OF THE BUSINESS:
NAME
STREET ADDRESS
MAILING ADDRESS
PHONE NUMBER
SOCIAL SECURITY NUMBER
CALCULATING YOUR TAX AMOUNT:
RETAIL SALES RATE: Prior Year Gross Receipts X .0013 = Tax Amount
WHOLESALE SALES RATE: Prior Year Gross Receipts X .0005 = Tax Amount
MINIMUM TAX AMOUNT \$50.00 MAXIMUM TAX AMOUNT \$500.00
**CONTRACTORS
All contractors applying for business license must provide proof of Workman Compensation Insurance, and a completed contractor's Certification of Insuring Liability for Workman Compensation in Virginia before a license can be issued.  All contractors applying for business license must provide a current VA contractor card.