

**TOWN OF CHINCOTEAGUE**  
**6150 COMMUNITY DR. CHINCOTEAGUE, VA 23336**  
**PHONE: 757-336-6519 FAX: 757-336-1965**

**BUSINESS LICENSE APPLICATION/RENEWAL FOR YEAR 2020**

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**

PRIOR YEAR GROSS RECEIPTS _____
TAX AMOUNT DUE ON GROSS RECEIPTS _____
LATE PENALTY PAYMENT (10%) _____
<b>TOTAL AMOUNT</b> _____

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

**\*\*CONTRACTORS\*\***

All contractors must provide a completed contractor's Certification of Insuring Liability for Workman Compensation in Virginia  
All contractors must provide a current VA contractor card.

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.

***PRINCIPAL OWNERS OF THE BUSINESS:***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_

**APPLICANT'S**  
**SIGNATURE/TITLE** \_\_\_\_\_