

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

BUSINESS LICENSE APPLICATION/RENEWAL FOR YEAR 2024

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%) _____
TOTAL AMOUNT _____

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 _____