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

BUSINESS LICENSE APPLICATION/RENEWAL FOR YEAR: 2026

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_____

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_____