

**TOWN OF COEBURN BUSINESS LICENSE DUE MARCH 1 ANNUALLY**

YEAR OF LICENSE \_\_\_\_\_ NEW BUSINESS? Y N PURCHASED FROM ANOTHER? Y OR N  
 SS/FED ID#: \_\_\_\_\_ STATE ID#: \_\_\_\_\_

**Mailing/Contact Information**

**Business Information**

Name: \_\_\_\_\_ | Trd Name: \_\_\_\_\_  
 Nam2: \_\_\_\_\_ | Trd Nam2: \_\_\_\_\_  
 Adr1: \_\_\_\_\_ | St.Ad: \_\_\_\_\_  
 Adr2: \_\_\_\_\_ | Ad2: \_\_\_\_\_  
 Adr3& ZIP \_\_\_\_\_ | Ad3& ZIP \_\_\_\_\_  
 PHONE#: \_\_\_\_\_ BUS PH# \_\_\_\_\_  
 CELL#: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 WEB ADD.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNERSHIP STATUS: INDIVIDUAL PARTNERSHIP CORPORATION (CIRCLE ONE)  
 LIST OWNER(S), PARTNER(S) AND/OR CORPORATE OFFICERS & TITLE RESIDENCE ADDRESS RESIDENCE PHONE

IS THIS A HOME BASED BUSINESS? Y OR N ZONING APPROVED? Y OR N  
 LICENSE IS BASED ON PREVIOUS YEAR'S TRANSACTIONS. **PAY THE GREATER** OF THE CALCULATED TAX AMOUNT OR \$30.00—PENALTY 5% AND INTEREST 8% PER ANNUM.

CHECK ALL THE FOLLOWING RATES WHICH APPLY TO YOUR BUSINESS.

TRANSACTION						
YEAR	HOW DETERMINED	GROSS RECEIPTS	X RATE =	TAX AMT DUE	PEN/INT	
___ RETAIL SALES _____	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE	_____	X .0015 =	_____	+	_____
ABC LICENSE # _____						
___ FUEL SALES _____	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE	_____	X .0013 =	_____	+	_____
___ LABOR/SERV. _____	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE	_____	X .0020 =	_____	+	_____
___ PROFESSIONAL _____	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE	_____	X .0020 =	_____	+	_____
___ CONTRACTOR _____	<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE	_____	X .0020 =	_____	+	_____

**TOTAL AMOUNT DUE** \_\_\_\_\_

CONTRACTOR LIC. EXP. \_\_\_\_\_ CONTRACTOR CLASS & CERT. # \_\_\_\_\_

- TAX PAID FOR CURRENT YEAR ONLY. LICENSE EXPIRES AT END OF YEAR.
- TAX PAID FOR COMPLETE JOB. LICENSE EXPIRES ON COMPLETION OF JOB.

\*\*\*\*\*NOTE: If contractor's State Certification expires before end of year, this license will expire unless a copy of the new contractor's State Certification is provided.

SUFFICIENT RECORDS SHALL BE KEPT BY THIS BUSINESS TO ENABLE VERIFICATION OF THE GROSS RECEIPTS STATED ON THIS APPLICATION. SUCH RECORDS SHALL BE MADE AVAILABLE TO THE TREASURER ON DEMAND.

I CERTIFY THAT THE FIGURES ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT THIS IS A TRUE STATEMENT OF THE ACTIVITIES OF THIS BUSINESS. ANY PERSON, FIRM OR CORPORATION MAKING A FALSE STATEMENT OF THEIR GROSS RECEIPTS SHALL BE GUILTY OF A CLASS I MISDEMEANOR.

\_\_\_\_\_  
SIGNATURE OF MEMBER OF FIRM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PREPARER

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY
BL #
CODES: _____ _____ _____ _____

\*\*\*\*\*PLEASE MAKE CHECKS PAYABLE TO: TOWN OF COEBURN

PO Box 370, Coeburn, Va 24230 Phone: 276-395-3323 Fax: 276-395-3648