

TOWN OF WARSAW, VIRGINIA

2011 Business License Application

78 BELLEVILLE LANE
P. O. BOX 730
WARSAW, VA 22572
Phone (804) 333-3737
Fax (804) 333-3104

FILE AND PAY BY MARCH 1ST TO AVOID A 10% LATE PAYMENT PENALTY

Read the instructions for important dates and penalties. Mail or deliver the completed application and payment to the above address.

<p>A Legal Name/Address (mailing)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B Trade/Business Name and Physical Location</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>C _____ Driver's License # or Social Security #</p> <p>D _____ Telephone Number</p> <p>E _____ State ID Number</p> <p>F _____ Federal ID Number(if any)</p> <p>G _____ Customer Number</p>
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<p>H Type Business (Check)</p> <p>_____ Individual</p> <p>_____ LLC</p> <p>_____ Partnership</p> <p>_____ Corporation</p> <p>Start Date of Business</p> <p>_____</p>

- I** 1 State Contactor's License (circle one): A B C Expiration Date: _____
- 2 State Contactor's License Number: _____
- 3 VWC FORM 61-A Must be attached to Business Application. Check here if attached _____

Unless otherwise indicated report your prior year total gross receipts. If you were not in business one full calendar year, you must provide an estimate of gross receipts for the current tax year in addition to your prior year gross receipts per the following applicable category or categories:

	Prior Year Gross Receipts	Estimated Gross Receipts	Tax Rate	Amount Due
1. Contractor	\$ _____	\$ _____	\$ _____	\$ _____
2. Retail	\$ _____	\$ _____	\$ _____	\$ _____
3. Professionals	\$ _____	\$ _____	\$ _____	\$ _____
4. Repair, Personal & Business Service	\$ _____	\$ _____	\$ _____	\$ _____
5. Wholesalers*	\$ _____	\$ _____	\$ _____	\$ _____
(*List Your Purchases on this Line)				
6. Financial Services	\$ _____	\$ _____	\$ _____	\$ _____
7. Real Estate	\$ _____	\$ _____	\$ _____	\$ _____
8. Peddler's	\$ _____	\$ _____	\$ _____	\$ _____
9. Flea Market Vendor	\$ _____	\$ _____	\$ _____	\$ _____
10. Others	\$ _____	\$ _____	\$ _____	\$ _____
11. Telephone Comm.	\$ _____	\$ _____	\$ _____	\$ _____

I hereby swear or affirm that all the information listed above is true and correct to the best of my knowledge. License Figures are subject to audit of IRS forms and may be requested for verification.

Signature of Applicant

Printed Name

Date