



**APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE**

PERIOD START: \_\_\_\_\_ END: \_\_\_\_\_  
 ACCOUNT NUMBER: \_\_\_\_\_  
 BUSINESS TYPE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
 BUSINESS DBA: \_\_\_\_\_  
 OWNER: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 BUSINESS LOCATION: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 SSN OR FEDERAL TAX ID: \_\_\_\_\_

**If New Business:**

Zoning District Class	_____
Home Occupation: Y/N	_____
If Yes - Permit Approved?	_____
Zoning Approved?	_____
Delinquent Taxes Owed?	_____

CONTRACTORS STATE LICENSE # AND CLASS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**INSTRUCTIONS:** Enter your gross receipts in the box next to your type of business. Multiply that number by the rate and enter the value in the amount field. Formula: GR X Rate= Amount.

**IF YOUR AMOUNT FIELD IS LESS THAN THE MINIMUM:** You should write the minimum fee in the due column and pay the minimum amount.

Type of Business	Gross Receipts	Rate	Amount	Minimum	Due
Repair, Personal & Business Services (Includes Restaurants, Motels and Hotels)		0.001		\$10	
Contractors & Persons Constructing For Their Own Account for Sale		0.001		\$10	
Direct Sellers (With Sales in Excess of \$4000)		0.001		\$10	
Retailers		0.001		\$10	
Financial, Real Estate & Professional Services		0.001		\$10	
All Other Businesses & Occupations Not Specifically Listed (Specify)		0.001		\$10	
Wholesalers		0.0005		\$10	
Itinerant Merchant	Tax Rate is a flat fee			\$250	
Other (Specify)					
					10% Penalty if not paid on/ or before March 1.
					<b>Grand Total</b>
					_____

I (we) do hereby certify that the amount submitted 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 penalties and interest.

Return Form with Payment to:  
 Town of New Market  
 P.O. Box 58  
 New Market, VA 22844

\_\_\_\_\_  
 Signature of Applicant or Authorizing Agent

\_\_\_\_\_  
 Date