

Application for Business License

Town of Rural Retreat

307 South Main Street

P.O. Box 130

Rural Retreat, VA 24368

276-686-4221

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

ALL INFORMATION LISTED BELOW MUST BE COMPLETED BEFORE LICENCE WILL BE ISSUED.

APPLICANT _____

NAME OF BUSINESS _____

LOCATION ADDRESS _____

PHYSICAL ADDRESS

MAILING ADDRESS _____

PO BOX OR STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE _____

NATURE OF BUSINESS _____

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

Federal ID No. _____

OR

Social Security No. _____

*Home Address of Owner/Manager: _____

Street name and number

City, State and Zip Code

*Home Telephone Number of Owner/Manager: _____

*Cell Phone Number of Owner/Manager: _____

**Information is used only for emergency situations, if necessary, after normal operating hours.*

TOWN OF RURAL RETREAT, VIRGINIA

BASIS FOR LICENSE

Existing Business:

Business/Professional operating from January 1, 20____ to December 31, 20____
Provide actual gross receipts for this period.

CATEGORY _____ *ACTUAL GROSS RECEIPTS _____

**Please provide a form of documentation reflecting gross receipts from the prior calendar year.*

New Business:

Business/Professional operating less than twelve (12) full months between
January 1, 20____ and December 31, 20____

Business commenced _____

CATEGORY _____ ESTIMATED GROSS RECEIPTS _____

ABC License:

Retail Merchants authorized by the ABC Board to sell beer and/or wine on and/or off premises
please check _____ and add a \$37.50 fee for ABC business license.

I (we) hereby certify that amount(s) reported as gross receipts or gross purchases from my business or
profession reported herein are true and correct.

Signature of Applicant

Signature if other than Applicant

Title

Company

*If mailing your application, please allow 3-5 business days for your license to be processed and
returned, provided all required information is submitted.*

OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____