

PLEASE SEND PAYMENT WITH APPLICATION

TOWN OF MARION
P.O. BOX 1005
MARION, VA 24354

FOR OFFICE USE ONLY

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

FOR THE YEAR

License No. _____

License Fee _____

Penalty _____

Total _____

Date Issued _____

BUSINESS TYPE _____

1. IF INFORMATION LISTED IN HEADING IS CORRECT CHECK HERE AND SKIPTO ITEM NO. 5
FOR NEW BUSINESS, OR TO CORRECT HEADING ABOVE, BEGIN WITH ITEM NO. 1

2. NAME OF PARTNERS OR OFFICERS OF FIRM

MAILING ADDRESS

3. BUSINESS LOCATION

PHONE NO.

4. _____

7. _____

NAME OF PREVIOUS OWNER, IF OWNERSHIP
HAS CHANGED

8. _____

CONTRACTOR'S PROFESSIONAL CARD NUMBER

9. _____

FEDERAL ID OR SOCIAL SECURITY NUMBER

GROSS RECEIPTS

5. REPORT APPLICABLE FIGURE
FOR YEAR JUST ENDED:

\$ _____

FROM
BUSINESS OR PROFESSION

6. RATE:/
TOTAL LICENSE FEE: \$

per \$100. gross receipts, or \$30.00 minimum, whichever is greater.

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.

(Signed) _____

(Signature of Applicant)

DELINQUENT FEBRUARY 1

Penalty for delinquency in paying License Tax 10%

Minimum \$10 Penalty

PLEASE RETURN BOTH COPIES OF THIS APPLICATION WITH YOUR CHECK.