

Current Zoning: _____
Use for new businesses only!

Business License # _____
(Town Use Only)

TOWN OF HILLSVILLE

P O BOX 545

HILLSVILLE VA 24343

Phone: (276) 728-2128 and Fax: (276) 728-9371

Website: www.townofhillsville.com Email: hillsville@embarqmail.com

2010 BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: _____

OWNER OF BUSINESS: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL & WEBSITE ADDRESS: _____

EMERGENCY TELEPHONE #/NAME: _____

911 STR LOCATION IN HILLSVILLE: _____

MAILING ADDRESS: _____

City State Zip Code

FEDERAL ID#: _____

PRIMARY BUSINESS PURPOSE/FUNCTION: _____

COMPUTATION OF LICENSE TAX:

2009 Gross Receipts & Lottery Sales & Commissions \$ _____ () Actual (Based on Gross Receipts not Net!)
() Estimated—New Businesses/Late Tax Filers ONLY

- Less Sales Tax &/or Gas Tax \$(_____)
- Less Lottery Sales \$(_____)

Taxable Receipts \$ _____
Applicable Rate X .15/\$100 (Retail) .05/\$100 (Wholesale Purchases)

2010 Business License Tax \$ _____ or \$30.00 (Whichever is greater)

If paid after May 3, add \$ _____ 10% Penalty of the Tax

If paid after June 1, also add \$ _____ 10% Annual Interest

TOTAL AMOUNT DUE \$ _____

I do certify that the above information is true and correct to the best of my knowledge. I understand that an intentional misrepresentation of the above information is a misdemeanor and punishable as such.

SIGNATURE

TITLE

DATE