

# Town of Luray Business License Application

Post Office Box 629  
Luray, Virginia 22835  
540.743.5511 or FAX 540.743.1486

Business Name: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_  
 Business Location: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Federal I.D.: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Owner Social Security #: \_\_\_\_\_

**ALL BUSINESSES MUST STATE THEIR PREVIOUS YEAR'S VOLUME OF GROSS RECEIPTS LESS SALES TAX. THE INFORMATION FURNISHED BY YOU UPON THIS FORM IS THE BASIS USED IN ASSESSING YOUR BUSINESS LICENSE IN THE TOWN OF LURAY.**

**-REPORT GROSS RECEIPTS BELOW-  
THE TREASURER'S OFFICE WILL CALCULATE YOUR LICENSE AMOUNT**

| DESCRIPTION  | GROSS RECEIPTS |
|--|----------------|
| RETAIL MERCHANT                                    |                |
| WHOLESALE MERCHANT                                 |                |
| PROFESSIONAL                                       |                |
| BUSINESS, PERSONEL, REPAIR SERVICE,<br>DESCRIPTION |                |
| CONTRACTOR (BUSINESS WITHIN TOWN LIMITS)           |                |
| CONTRACTOR (OUTSIDE TOWN LIMITS)                   |                |
| FINANCIAL SERVICES                                 |                |
| GASOLINE AND FUEL OIL DEALERS                      |                |
| ITINERANT MERCHANT OR PEDDLAR (\$500 PER YEAR)     |                |
| REAL ESTATE BROKER, APPRAISER, SALESMAN            |                |
| DIRECT SELLER                                      |                |
| TELEPHONE/TELEGRAPH                                |                |
| OTHER BUSINESS OR SERVICE                          |                |
| BEER OR WINE OFF PREMISE (\$20 PER YEAR)           |                |
| BEER OR WINE ON PREMISES (\$20 PER YEAR)           |                |
| ALCOHOLIC BEVERAGES (\$125 PER YEAR)               |                |
| VENDING MACHINES (# OF MACHINES ____)              |                |
| TOBACCO (\$5 per year)                             |                |

*I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION AS TO GROSS RECEIPTS, SALES, COMMISSIONS, PURCHASES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**THIS FORM MUST BE COMPLETED AND LICENSE PURCHASED BY MARCH 1<sup>ST</sup>.  
10 % PENALTY ADDED IF LICENSE IS NOT PAID BY MARCH 1<sup>ST</sup>.  
10 % INTEREST PER ANNUM OR .83 % PER MONTH.**

**ZONING DISTRICT:** \_\_\_\_\_ **ZONING ADMINISTRATOR APPROVAL:** \_\_\_\_\_

**Page County Building Department Information  
Required for the Town of Luray Business License**

Date: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ SS/ID # \_\_\_\_\_

**Applicant:**

**Owner of Property:(if different)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Proposed Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**Check Only One:** In Home Occupation: \_\_\_\_\_ Stand Alone Business: \_\_\_\_\_

New Construction: Yes \_\_\_\_\_ No \_\_\_\_\_; Current Use of Property: \_\_\_\_\_

Will this Business be open to the public: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Patrons per Day: \_\_\_\_\_

Public Water and Sewer available: Yes \_\_\_\_\_ No \_\_\_\_\_

Page County E 911 Address of Proposed Business: \_\_\_\_\_

Signature of Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Page County Building Official: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_**

**Date: \_\_\_\_\_**

*Page County Building Official*

**Note: Effective October 12, 2005, this form must be completed by the applicant/owner and delivered to the Page County Dept of Inspections for approval. Prior to issuance of a Business License by the Town of Luray, approval must be received from the Department of Inspections.**