

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 _____ FAX _____

SOCIAL SECURITY # _____ FEDERAL ID # _____

SALES TAX # _____ EMAIL _____

ALL BUSINESSES MUST STATE THEIR PREVIOUS YEAR'S VOLUME OF GROSS RECEIPTS LESS SALES TAX. THE INFORMATION FURNISHED BY YOU ON 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 FEE**

DESCRIPTION	GROSS RECEIPTS
RETAIL MERCHANT	
WHOLESALE MERCHANT	
PROFESSIONAL	
BUSINESS, PERSONAL, REPAIR SERVICE DESCRIPTION _____	
CONTRACTOR (BUSINESS WITHIN TOWN LIMITS)	
CONTRACTOR (OUTSIDE TOWN LIMITS) (only report receipts made within Town of Luray)	
FINANCIAL SERVICES	
GASOLINE AND FUEL OIL DEALERS	
ITINERANT MERCHANT OR PEDDLER (\$500.00 per year)	
REAL ESTATE BROKER, APPRAISER, SALESPERSON DIRECT SELLER	
TELEPHONE/TELEGRAPH	
OTHER BUSINESS OR SERVICE	
BEER AND WINE OFF PREMISES (\$50.00 per year)	
BEER AND WINE ON PREMISES (\$50.00 per year)	
ALCOHOLIC BEVERAGES (\$200.00 per year)	
VENDING MACHINES (# OF MACHINES _____)	
TOBACCO (\$20.00 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 1ST.

10% PENALTY ADDED IF LICENSE IS NOT PAID BY MARCH 1ST.
10% INTEREST PER ANNUM OR .83% PER MONTH

ZONING DISTRICT _____ ZONING ADMINISTRATOR APPROVAL _____ ACCOUNT NUMBER _____