

**TOWN OF LURAY BUSINESS LICENSE APPLICATION
 POST OFFICE BOX 629 LURAY, VIRGINIA 22835
 540-743-5511 OR FAX 540-743-1486**

BUSINESS NAME _____ APPLICANT'S NAME _____

BUSINESS LOCATION _____ MAILING ADDRESS _____

TELEPHONE _____ FAX # _____ SOCIAL SECURITY # _____

FEDERAL ID # _____ SALES TAX # _____ EMAIL _____

DESCRIBE TYPE OF BUSINESS AND ACTIVITIES IN DETAIL

**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
 INTEREST PER ANNUM OR .83% PER MONTH

ZONING DISTRICT _____ ZONING ADMINISTRATOR APPROVAL _____ ACCOUNT NUMBER _____