

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



TOWN OF LURAY

Post Office Box 629

Luray, Virginia 22835

Phone: 540-743-5511 Fax: 540-743-1486

NEW BUSINESS LICENSE CHECKLIST

_____ Complete the top portion of the **Business License Application**. Leave the “gross receipts” portion blank. Sign and date at the bottom.

_____ Complete the form titled “**Page County Building Department Information**”. **Take this form to the Page County Building & Zoning Office at 103 South Court Street or fax to 540-743-1419.** This form will need to be approved by the Page County Building Official and returned to the Luray Town Office along with your business license application.

_____ Complete the **Sign Permit Application** for any new signs or changes to existing signs (if applicable).

_____ Complete the **Zoning Clearance Application**.

_____ **Submit all completed and signed forms to the Luray Town Office for review. Fees will be determined upon 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 E911 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 Department 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.



Town of Luray
Sign Permit Application
Application No.: _____

I, as owner or authorized agent for the work described below, do hereby certify that I have the authority to make this application for a Sign Permit for the activity described below and as shown on any attached plans, that the information provided is correct and that any sign and its placement will conform to the regulations of the Town's *Zoning Ordinance*, Article VIII-Signs, and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Applicant Information:

Applicant Name _____
Company Name _____
Address _____
Phone: _____ Email: _____

Sign Contractor Information

Company Name _____
Address _____
Phone: _____ Email: _____

Property Owner Information:

Owner Name _____
Address _____
Phone: _____ Email: _____

Property Information:

Site Address _____
Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Sign Dimensions _____
Nature of Sign Request (Describe Fully) _____

Sign Type: Wall Mount Projection Pole Mount Monument

Please include sketch of all buildings with sign dimensions and locations

Please submit a sketch of Site Plan on attached sheet of the proposed sign(s) to include all of the following that will apply to your proposed application.

- 1) Position of the sign in relation to adjacent lot lines, buildings, sidewalks, streets and intersections.
- 2) General description of structural design and construction of materials to be used.
- 3) Specifications indicating the height, length, depth, perimeter and area dimensions, square footage, means of support, method of illumination, colors, and any other significant aspect of the proposed sign.
- 4) Size and placement of all existing signs to remain on the property.
- 5) Pictures or artist's renderings of signs.
- 6) Building dimensions and total square footage of building.
- 7) Name of street(s) parallel with front of structure and other adjacent streets.

Applicant, Property Owner, and Sign Erector hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, and electrical installations which may result.

I hereby certify that the information provided on this application is correct and that the construction will conform to all relevant Building Code requirements and private restrictions, if any, which may be imposed upon the above property by Deed.

I hereby certify that the information provided on this application is correct and the sign(s) meet all Town, County and State requirements. Refer to Article VIII of Luray Code of Ordinances, townofluray.com

Signature of Applicant: _____

Date: _____

Owner's Authorization (if different) – I am the owner of the property described above and I am aware of the contents of this permit application. I have authorized (print)

_____ to act on my behalf in submitting this permit application.

Signature of Property Owner: _____

Date: _____



Town of Luray
Zoning Clearance Application
Application No.: _____

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a Zoning Permit for the activity described below and as show on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. This permit application authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to confirm information provided and compliance with the conditions applicable to this permit. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Purpose of Application: Business License Inside Renovations Temporary Pool

Applicant Information:

Applicant Name _____

Company Name _____

Address _____

Phone: _____ Email: _____

Property Owner Information:

Owner Name _____

Address _____

Phone: _____ Email: _____

Property Information:

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Nature of Request (Describe Fully) _____

For Pools: Include sketch of proposed placement on lot in relation to home and neighboring lots on back of application
For Business License: All taxes must be current; Any signage will require separate permit application
For Inside Renovations: Please identify contractor, anticipated construction time, and estimated value of improvements in description

Signature of Applicant _____ Date _____

Zoning Administrator _____ Date _____

Comments: _____

Registering a Business in Virginia

All entities conducting business in the Commonwealth of Virginia must register their business with the Virginia Department of Taxation. You can register online using VATAX Online Services (<https://www.reg.tax.virginia.gov/VTOL/Login.seam>).

VATAX Online is free, fast, easy and secure. The online registration process will only ask you for information that pertains to the type of business you have. You can start the registration process, save a draft and come back later to complete your registration.

When you have completed your online registration with the Department you will be assigned a Virginia Tax account number. It is important that you include your Virginia Tax account number on all tax returns, payments, and other information you file.

- If your business will be collecting sales tax a Certificate of Registration is provided at the end of your Registration process. This is your permit to collect sales tax, and issue and receive exemption certificates. The Certificate of Registration must be displayed at your physical place of business.
- If you plan to hire employees you can easily register your Business with the Virginia Employment Commission (VEC) at the same time you register with the Department of Taxation. VEC is responsible for collecting unemployment tax.

If you are unable to register online you may download the paper Registration form (R-1) ([/sites/tax.virginia.gov/files/taxforms/business-registration/any/r-1-any.pdf](https://sites.tax.virginia.gov/files/taxforms/business-registration/any/r-1-any.pdf)) to mail in or fax.

New Businesses

Most new businesses, depending on your business structure should first register with the IRS (<http://www.irs.gov/businesses/small/article/0,,id=99336,00.html>) and/or State Corporation Commission (<http://www.scc.virginia.gov/>) before registering with the Department of Taxation.

You also should obtain a Federal Employer Identification Number (FEIN) as a unique identifier for use with most federal, state and local agencies. You can obtain a FEIN in a matter of minutes online through the IRS website (<http://www.irs.gov/Businesses>).

The Virginia Department of Small Business and Supplier Diversity (SBSD) (<http://www.sbsd.virginia.gov/>) provides a one-stop-service for technical assistance related to business formation, access to capital, workforce development and entrepreneurial workshops. SBSBD provides an online interactive Business One Stop system (<http://businessonestop.virginia.gov/>) to assist you in registering your business with several Virginia state and local agencies at one time.

Other valuable resources:

- U.S. Small Business Administration (<http://www.sba.gov/category/navigation-structure/starting-managing-business>)
- Virginia Economic Development Partnership (<http://www.yesvirginia.org/startbusiness/default.aspx>)

Household Employers

If you employ household service employees you must register with both the Department of Taxation and VEC as an Employer. VATAX Online (<https://www.business.tax.virginia.gov/VTOL/Login.seam>) offers a simple and easy registration process for household employers.

Household Employees Include:

- Babysitters
- Caretakers
- Cleaning people
- Domestic Workers
- Drivers
- Yard workers
- Health aides
- Housekeepers
- Maids
- Nannies
- Private Nurses

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