## TOWN OF ELKTON, VIRGINIA

## **APPLICATION FOR BUSINESS LICENSE FOR 2023**

## LICENSE FEE AS CALCULATED OR \$30.00 WHICHEVER IS GREATER \*10% PENALTY AND 10% ANNUM INTEREST SHALL BE ADDED AFTER JUNE 1st\*

## RETURN TO: TREASURER'S OFFICE 173 W Spotswood Avenue Elkton, VA 22827

*PLEASE TYPE OR PRINT*					
NAME OF APPLICANT:					<u>Check One</u> INDIVIDUAL
					PARTNERSHIP
				PHONE:	
CONTACT 1: BUSINESS EMERGENCY				PHONE:	LLC
CONTACT 2:				FHONE.	<del></del>
EMA	L ADDRESS:				
TRA	ADE NAME:				
ADDRESS:					
		(PHYSICAL)			
		(MAILING)			
TYPE OF BUSINESS OR PROFESSION:				DATE STARTED:	
	THE INFORMA	TION FURNISHED BY YOU UPON	I THIS FORM IS	S THE BASIS USED IN ASSESSING '	YOUR BUSINESS LICENSE FEE
					Fee Calculation (for
				Gross Sales	office use only)
1	COIN OPERATED OR DEVICES IN THE TOWN OF ELKTON, VIRGINIA		\$		\$
	NUMBER O	MACHINES	_		<u> </u>
	•	IACHINE TYPE LOCATION			
	AND ADDR	ESS MUST ACCOMPANY			
2	CONTR	ACTORS (ALL TYPES)	\$		<u> </u>
3	FINANCIAL, REAL ESTATE, SHORT TERM				
	RENTALS & OTH	IER PROFESSIONAL SERVICES	\$		\$
4	REPAIR, PERSO	NAL, AND BUSINESS SERVICE	\$		<u> </u>
5	RE	TAIL MERCHANTS	\$		\$
					<u> </u>
6	TELEPHONE T	ELEGRAPH, WATER OR HEAT,			
•		ID POWER COMPANIES	\$		\$
7	WHOL	ESALE MERCHANTS	\$		\$
	TO	TAL PURCHASES			<u> </u>
8	OTHER BUSINESS OR SERVICES		\$		\$
		Y TYPE OF BUSINESS:	•		<u> </u>
			-		
	*IMPO	RTANT*			
FORM MUST BE COMPLETED IN FULL AND SUBMITTED WITH PROOF OF GROSS RECEIPTS				I HEREBY SWEAR OR AFFIRI	M THAT THE ABOVE INFORMATION AS
				TO GROSS RECEIPTS, SALES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
AND A FEDERAL I.D. OR SSN MUST BE FURNISHED BEFORE BUSINESS LICENSE WILL			OSIMEOT TO THE		
BE ISSUED			OLOMATURE OF 122	IOANT DATE	
				SIGNATURE OF APPL	LICANT DATE
ZONING ADMINISTRATOR			DATE	(FEDERAL I.D. NO. OF	R SOCIAL SECURITY NO.)

The above location is zoned for the business that is requested