



APPLICATION FOR TOWN BUSINESS LICENSE

Due Date: March 1

10% Penalty applicable after due date

Please complete form in entirety and return with payment to: Town of Broadway, P. O. Box 156, Broadway, VA 22815. Your license will be mailed to you:

Applicant Name: _____

Trading as (Business Name): _____

Mailing Address: _____

Business Location (Physical Address): _____

Applicant Telephone # _____

Applicant Federal I.D. or Social Security # _____

Please check one:

Individual Partnership Corporation LLC Other: _____
Please specify

Applicant applies for following license (check one):

Retail Wholesale Contractor (please complete attached insurance certification form)
 Repair, Personal, or Other Services Professional
 Other _____
Please specify
 ABC on-premises wine and beer ABC on-premises beer
 ABC off-premises wine and beer ABC off-premises beer

Gross Receipts of above business for preceding year (Jan.1-Dec. 31): \$ _____

For new business: Estimated Gross Receipts \$ _____

Oath: I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Signature of Applicant

Date

For Office Use Only:

License# _____

Amount of License: \$ _____