

BUSINESS LICENSE

COUNTY OF NELSON

COMMISSIONER OF REVENUE

P. O. Box 246 - Lovington, VA 22949

Phone: 434-263-7070 - Fax: 434-263-7074

APPLICATION FOR LICENSE

DATE _____

NAME _____

TRADING AS _____

MAILING ADDRESS _____

____ INDIVIDUAL ____ PARTNERSHIP ____ CORPORATION ____ LLC

___ NEW ___ RENEW

___ RETAIL BUSINESS

___ PROFESSIONAL

___ OTHER

___ CONTRACTOR

LICENSE TAX PAID

\$ _____

NATURE OF BUSINESS	BASE	TAX	PENALTY	TOTAL TAX
		30.00		
I hereby certify that the information given is true and correct to the best of my knowledge. ★ _____ SIGNATURE OF APPLICANT PLEASE RETURN BOTH COPIES		This Form Must Be Filed with The Commissioner of Revenue By March 1 PLEASE RETURN CHECK WITH LICENSE Make checks payable to: Nelson Co. Treasurer		

DATE BUSINESS BEGAN _____

911 ADDRESS _____

TELEPHONE # _____

E-MAIL ADDRESS _____

FAX # _____

This license shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties), as shown on the application be paid to the treasurer of my county, and the fact of such payment appear on the face hereof by the signature of such treasurer hereto.

DATE _____

COMMISSIONER OF THE REVENUE

AMOUNT RECEIVED \$ _____