



TOWN OF GROTTOES
P. O. Box 146
601 Dogwood Avenue
(540) 249-5896
www.ci.grottoes.va.us

Important Notice

For help with calculating your License fee, please return completed form to the Treasurer and you will receive a statement showing the amount due. If full payment is not received by July 1, a 10% or \$10.00 penalty (whichever is greater) will be added.

APPLICATION FOR TOWN BUSINESS LICENSE

Please fill out and return with payment. Your license will be mailed to you.

Applicant Name: _____

Social Security Number or Federal I.D. Number: _____

Company Name: _____

Mailing Address: _____

Business Location: _____

Telephone Number: _____

Contact Name: _____

Type of Company: Individual Partnership Corporation

Applicant is applying for the following license:

Retail Wholesale Personal Service
 Contractor Professional Service Other

_____ gross receipts of above business: \$ _____
Last year

Coin-Operated Vending Machines on Premises? Yes No How many: _____

Amount of License: \$ _____

License effective for one year from July 1 to June 30.

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

Signature of Applicant

Date