

Town of Clinchco

P.O. Box 357

Clinchco, VA 24226

Phone: (276) 835-1160

Fax: (276) 835-9420

Email: clinchcoclerk@mail.com

**Business License Application**

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email/Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

911 Street Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Business Purpose/Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Computation of License Tax:

2021 Gross Receipts of Sales & Commissions $\_\_\_\_\_\_\_\_\_\_\_\_\_

-Less Sales Tax or Gas Tax $ (\_\_\_\_\_\_\_\_\_\_\_\_)

-Less Lottery Sales $ (\_\_\_\_\_\_\_\_\_\_\_\_)

Taxable Receipts $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicable Rate (refer to page 2) x \_\_\_\_\_\_\_\_\_\_\_\_\_

2021 Business License Tax $ \_\_\_\_\_\_\_\_\_\_\_\_\_

License Fee $ \_\_\_30.00\_\_\_\_\_

Fee If paid after July 1st, add $ \_\_\_\_\_\_\_\_\_\_\_\_\_ 10% Penalty of the Tax

Total Amount Due $ \_\_\_\_\_\_\_\_\_\_\_\_\_

I do certify that the above information is true and correct to the best of my knowledge. I understand that an intentional misrepresentation of the above information is a misdemeanor and punishable as such.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town License Tax Rates

Professional Services: $.20 per $100 of gross receipts or $30.00, whichever is greater

Personal Services: $.20 per $100 of gross receipts or $30.00, whichever is greater

Retail Merchant: $.20 per $100 of gross receipts or $30.00, whichever is greater

Contractor: $.15 per $100 of gross receipts or $30.00, whichever is greater

Repair Services: $.20 per $100 of gross receipts or $30.00, whichever is greater

Wholesale Merchants: $.05 per $100 of gross receipts or $30.00, whichever is greater

Peddler: $500 Flat Fee

Itinerant Merchant: $500 Flat Fee

General Information:

License Fee: A fee for the issuance of such license as specified in Code of Virginia, 58.1-3712, 58.1- 312.1 and 58.1-3713

BPOL Guidelines: The revised BPOL Guidelines issued by the Virginia Department of Taxation may be obtained by contacting the Department of Taxation at (804) 440-2541.

Failure to Obtain License: is punishable by a ten percent penalty of imposed tax, and interest (charged at the same rate as charged under the Code of Virginia 58.1-3916) on the late payment.

Signature: License applications must be signed to be valid. Your signature indicated you are aware of all applicable obligations associated with this license.

Business Changes: Please notify us of any changes in a name, address, or classification on this application

Errors and Omissions: Should any information contained in this package differ from existing Town Ordinances, the Ordinances as enacted by Clinchco Town Council shall prevail.

Due Date Calendar

•July 1st Business License Renewal

• July 1st Workers' Compensation Certification

• 15th of every month: Consumer Utility Taxes (due the month following collection)

• 15th of every month: Meal Tax (due the month following collection)

The information provided is true and complete. I understand my obligations for this license.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make check payable to: Town of Clinchco

 P.O. Box 357

 Clinchco, VA 24256