

TOWN OF PORT ROYAL, VIRGINIA
APPLICATION FOR BUSINESS LICENSE

20- _____

for period beginning _____ 20____ and ending _____, 20____

Applicant _____

Street Address _____

Post Office _____ State _____ Zip _____

Trading as _____

Location where business to be conducted _____

Applicant is : () Individual () Partnership () Virginia Corporation () Foreign Corporation

Date Applicant began business in Virginia _____ (Date of charter if a Virginia corporation or date of qualification to do business in Virginia if a foreign corporation)

Date Applicant began business at above location _____

Other business locations outside the Town of Port Royal: _____

Names and addresses of partners if applicant is a partnership:

Applicant applies for the following licenses (specify):

- | | |
|----------|--------------------|
| 1) _____ | code section _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

Basis of Tax (e.g. amount of gross receipts or number of units operated)

	Tax	Penalty	Fee
1) _____	\$	\$	\$
2) _____	\$	\$	\$
3) _____	\$	\$	\$
Totals	\$	\$	\$

Total Taxes, Penalties, and Fees\$ _____

OATH - I, the undersigned applicant, do swear (or affirm) that the above statements and figures are true, complete and correct to the best of my knowledge and belief.

 Signature of Applicant

by _____
 Authorized Agent

LICENSE

I, the Treasurer of the Town of Port Royal, Virginia, do find the above application to be in due form and accompanied by the sum of \$ _____. Therefore licenses are this day granted the applicant named therein to transact the business, professions, or employments set forth in the application at the specified location in the Town of Port Royal for the period beginning _____, 20____ and ending _____, 20____.

 Date

 Town Treasurer

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