Town of New Market

PO Box 58
New Market, VA 22844

Application for Business or Professional License

Contact / Mailing Address

Period Start: _____ End: _____

Account Number: _____

Business Type: _____

BUSINESS NAME: _____

BUSINESS DBA: _____

OWNER: _____

MAILING ADDRESS: , _____

BUSINESS LOCATION: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

SSN OR FEDERAL TAX ID:

CONTRACTORS STATE LICENSE # AND CLASS: _____   **EXPIRATION DATE:** _____

If New Business:

Zoning District Class	_____
Home Occupation? Y / N	
If Yes - Permit Approved?	_____
Zoning Approved?	_____
Delinquent Taxes Owed?	_____

INSTRUCTIONS: Enter your Gross Receipts in the box next to your type of business. Multiply that number by the rate and enter the value in the Amount field. Formula: GR X Rate = Amount.
IF YOUR AMOUNT FIELD IS LESS THAN THE MINIMUM: YOU SHOULD WRITE THE MINIMUM FEE IN THE DUE COLUMN AND PAY THE MINIMUM AMOUNT.

Type of Business	Gross Receipts	Rate	Amount	Minimum Fee	Due
Repair, Personal & Business Services (Includes Restaurants, Motels and Hotels)		.001		$10	
Contractors & Persons Constructing For Their Own Account For Sale		.001		$10	
Direct Sellers (With Sales in Excess of $4000)		.001		$10	
Retailers		.001		$10	
Financial, Real Estate & Professional Services		.001		$10	
All Other Businesses & Occupations Not Specifically Listed (Specify)		.001		$10	
Wholesalers		.0005		$10	
Itinerant Merchant	Tax Rate is a flat fee.			$250	
Other (Specify)					
	10% PENALTY if not paid on / or before March 1.				
	GRAND TOTAL				

I (we) do hereby certify that the amount submitted as total gross from my Business or Profession, as reported herein is true and correct, and that I am familiar with the Town Ordinance providing penalties and interest.

Return Form with Payment to:
Town of New Market
P.O. Box 58
New Market, VA 22844

_____
Signature of Applicant or Authorizing Agent

_____
Date