

BUSINESS LICENSE

COUNTY OF NELSON

COMMISSIONER OF REVENUE

P. O. Box 246 - Lovingson, VA 22949

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

APPLICATION FOR LICENSE

DATE _____

___ NEW ___ RENEW

___ RETAIL BUSINESS

___ PROFESSIONAL

___ OTHER

___ CONTRACTOR

LICENSE TAX PAID

NAME _____

TRADING AS _____

MAILING ADDRESS _____

___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION ___ LLC

\$ _____

NATURE OF BUSINESS	BASE	TAX	PENALTY	TOTAL TAX
I hereby certify that the information given is true and correct to the best of my knowledge. ★ _____ SIGNATURE OF APPLICANT PLEASE RETURN BOTH COPIES		30.00		
Building Inspectors Approval				
Zoning Approval				
		LICENSE TAX		
		PENALTY		
		TOTAL TAX		

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

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

DATE BUSINESS BEGAN _____

911 ADDRESS _____

MAP # _____

TELEPHONE # _____

E-MAIL ADDRESS _____

FAX # _____

AMOUNT RECEIVED \$ _____