

**BUSINESS LICENSE**  
**COUNTY OF NELSON**

**COMMISSIONER OF REVENUE**

P.O. Box 246 – Lovingsston, VA 22949

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

DATE \_\_\_\_\_

\_\_\_\_\_ NEW \_\_\_\_\_ RENEW

\_\_\_\_\_ RETAIL BUSINESS

\_\_\_\_\_ PROFESSIONAL

\_\_\_\_\_ OTHER

\_\_\_\_\_ CONTRACTOR

NAME \_\_\_\_\_

TRADING AS \_\_\_\_\_


MAILING \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ LLC

LICENSE TAX PAID

\$ \_\_\_\_\_

NATURE OF BUSINESS	BASE	TAX	PENALTY	TOTAL TAX
<p>_____</p> <p>_____</p> <p>_____</p> <p>I hereby certify that the information given is true and correct to the best of my knowledge</p> <p> _____</p> <p align="center">SIGNATURE OF APPLICANT</p> <p><b>PLEASE RETURN BOTH COPIES</b></p>	<p align="center">This Form Must The Commissioner By March 1</p> <p align="center">PLEASE RETURN CHECK Make check payable to: Nelson Co. Treasurer</p>	<p align="center">30.00</p> <p align="center">Be Filed With Of Revenue</p> <p align="center">WITH LICENSE</p>		
<p>Building Inspectors Approval</p> <p>_____</p> <p>Zoning Approval</p> <p>_____</p>			<p align="center">LICENSE TAX</p> <p align="center">PENALTY</p> <p align="center">TOTAL TAX</p>	<p>_____</p> <p>_____</p> <p>_____</p>

DATE BUSINESS BEGAN \_\_\_\_\_

911 ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE # \_\_\_\_\_

E-MAIL \_\_\_\_\_

FAX # \_\_\_\_\_

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

AMOUNT RECEIVED \$ \_\_\_\_\_