

BUSINESS LICENSE
COUNTY OF NELSON
COMMISSIONER OF REVENUE
P. O. Box 246 - Lovington, VA 22949
Phone: 434-263-7070 - Fax: 434-263-7074
APPLICATION FOR LICENSE

DATE _____

___ NEW ___ RENEW

___ RETAIL BUSINESS

___ PROFESSIONAL

___ OTHER

___ CONTRACTOR

NAME _____


TRADING AS _____

MAILING ADDRESS _____

LICENSE TAX PAID

___ INDIVIDUAL ___ PARTNERSHIP ___ CORPORATION ___ LLC

\$ _____

NATURE OF BUSINESS	BASE	TAX	PENALTY	TOTAL TAX
		30.00		
I hereby certify that the information given is true and correct to the best of my knowledge.	This Form Must Be Filed with The Commissioner of Revenue By March 1			
	PLEASE RETURN CHECK WITH LICENSE			
 SIGNATURE OF APPLICANT PLEASE RETURN BOTH COPIES	Make checks payable to: Nelson Co. Treasurer			
	Building Inspectors Approval			
	Zoning Approval		LICENSE TAX PENALTY TOTAL TAX	

DATE BUSINESS BEGAN _____

911 ADDRESS _____

MAP # _____

TELEPHONE # _____

E-MAIL ADDRESS _____

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 \$ _____