

# TOWN OF AMHERST – Business License Application

Business Name \_\_\_\_\_

License Tax Year: \_\_\_\_\_

Trading As: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Submit to: Town of Amherst, Treasurer,  
P.O. Box 280, Amherst, VA 24521**

Mailing Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Operator's Name: \_\_\_\_\_

Telephone Number (Business): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

**Application due on/or before May 1<sup>st</sup>.**

**Minimum license fee is \$30.00.**

**A 10% penalty will be added after  
May 1st. 10% annual interest will be  
added monthly until paid in full.**

Please check the appropriate box:

- Individual  
 Partnership  
 Corporation

- Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_

	<u>*Gross Receipts</u>	<u>Rate/\$100</u>	<u>Tax</u>
1. Retail Sales .....	\$ _____	.10	\$ _____
2. Financial, Real Estate and Professional Services...	\$ _____	.50	\$ _____
3. Repair, Personal and Business Services/and all other Businesses or/ Occupations not listed or excepted ...	\$ _____	.31	\$ _____
4. Contracting .....	\$ _____	.16	\$ _____
5. Wholesale Sales .....	\$ _____	.04	\$ _____
6. Peddler: Door to Door \$20.00/yr..Itinerant merchants/peddlers \$200.00/mo (\$500/yr max.) ....			\$ _____
Peddler of fresh produce \$50.00/yr			
*Estimated Gross Receipts if business has been in operation less than one (1) year.			

*I declare that the statement and figures submitted are true, full and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
(Signature) (Date)

Office Use Only	
Date Application Received: _____	Business License Tax: \$ _____
Date License Fee Assessed: _____	Penalty: \$ _____
Date License Fee Received: _____	Interest: \$ _____
	Total Tax Paid: \$ _____

**Please complete this section for Police Department use. For your privacy, the Police Department will only obtain the bottom section of this form to be used for emergency notification purposes.**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Owner/ Manager: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Hazardous, flammable or explosive material? \_\_\_\_\_