TOWN OF WARSAW, VIRGINIA
2016 BUSINESS LICENSE APPLICATION

The application form is divided into two parts. The top half is where you record pertinent information about the business and its owner. The bottom half is where the business owner records the gross receipts for taxation purposes.

A. **Legal Name of Applicant/Mail Address**: You must record the legal name of the responsible management personnel.
B. **Trade Name**: Enter the name of the business and the physical location of the business here.
C. **Social Security Number**: Social Security Number of Business Owner.
D. **Telephone Number**: The business telephone or home telephone number of owner.
E. **State ID Number**: Sales Tax Identification Number.
F. **Federal ID Number**: Federal Tax Identification Number issued by the IRS
G. **Customer Number**: Leave Blank – This will be assigned when licensed issued.
H. **Type of Business**: Please check type of business and enter in the date you began your business in the Town of Warsaw in the Blank provided.
I. **State Contractors License**: If you perform work in the State of Virginia, in excess of $1,000 per job, you MUST secure a State Contractor's License prior to applying for a Town Business License. Indicate whether you have a Class A, B, or C license and record that license number and expiration date. You must provide a copy of your state license when renewing or applying for a Town Business License. Also attach Form V. W. C. 61-A to your application.

****More than one license tax rate category below may apply to some businesses.****
Example: A Business performing service repairs may also be selling parts as retail.

<u>LICENSE TAX RATES:</u>

Contractors:……..7 cents per $100 of gross receipts
Retailers:……. ..8 cents per $100 of gross receipts on the 1st million dollars
6 cents per $100 of gross receipts on the next two million dollars
5 cents per $100 of gross receipts on the next two million dollars
3 cents per $100 of gross receipts over five million dollars
Professsionals:…….. 19 cents per $100 of gross receipts
Repair, Personal &
Business Services:…… 15 cents per $100 of gross receipts
Wholesalers:……. 5 cents per $100 of purchases
Financial Services:…… 7 cents per $100 of gross receipts
Real Estate:……15 cents per $100 of gross receipts
Flea Market Vendors:……Annual Receipts of $6,250 or less per year--$ 5.00 per year
Annual Receipts over $6,250 per year—8 cents per $100 of gross receipts
Others:……Tax Rates Vary – Call town office for rate (804) 333-3737
Telephone Communications: one half of one percent of the gross receipts of such business from the rental, subscriptions and stations within the town during the previous calendar year; provided that charges for long-distance telephone calls shall not be considered receipts of business in town.

There is a 10% late payment penalty assessed for all payments received after March 1st.

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS ON THE REVERSE SIDE OF THE 2016 BUSINESS LICENSE APPLICATION

Susan M. Pemberton, Treasurer

TOWN OF WARSAW, VIRGINIA

2016 Business License Application

78 BELLE VILLE LANE
P. O. BOX 730
WARSAW, VA 22572
Phone (804) 333-3737
Fax (804) 333-3104

FILE AND PAY BY MARCH 1ST TO AVOID A 10% LATE PAYMENT PENALTY

Read the instructions for important dates and penalties. Mail or deliver the completed application and payment to the above address.

A Legal Name/Address (mailing)

_____
_____
_____
_____
_____

B Trade/Business Name and Physical Location

_____
_____
_____
_____

C _____
Driver's License # or Social Security #

D _____
Telephone Number

E _____
State ID Number

F _____
Federal ID Number(if any)

G _____
Customer Number

H Type Business (Check)

____ Individual
____ LLC
____ Partnership
____ Corporation

Start Date of Business

_____

I 1 State Contactor's License (circle one): A B C Expiration Date: _____
2 State Contractor's License Number:_____
3 VWC FORM 61-A Must be attached to Business Application. Check here if attached _____

Unless otherwise indicated report your prior year total gross receipts. If you were not in business one full calendar year, you must provide an estimate of gross receipts for the current tax year in addition to your prior year gross receipts per the following applicable category or categories:

	Prior Year Gross Receipts	Estimated Gross Receipts	Tax Rate	Amount Due
1. Contractor	$ _____	$_____	$_____	$_____
2. Retail	$_____	$_____	$_____	$_____
3. Professionals	$_____	$_____	$_____	$_____
4. Repair,Personal & Business Service	$_____	$_____	$_____	$_____
5. Wholesalers* (*List Your Purchases on this Line)	$_____	$_____	$_____	$_____
6. Financial Services	$_____	$_____	$_____	$_____
7. Real Estate	$_____	$_____	$_____	$_____
8. Peddler's	$_____	$_____	$_____	$_____
9. Flea Market Vendor	$_____	$_____	$_____	$_____
10. Others	$_____	$_____	$_____	$_____
11. Telephone Comm.	$_____	$_____	$_____	$_____

I hereby swear or affirm that all the information listed above is true and correct to the best of my knowledge. License Figures are subject to audit of IRS forms and may be requested for verification.

_____ _____ _____
Signature of Applicant Printed Name Date