LICENSE NO._____

CUMBERLAND COUNTY

Office of The Commissioner of The Revenue
P.O. BOX 77 • CUMBERLAND, VIRGINIA 23040
(804) 492-4280

APPLICATION FOR BUSINESS LICENSE

(LICENSE IS DUE TO BE PAID BY MARCH 1)

PERIOD BEGINNING THROUGH

BUSINESS'S PHYSICAL LOCATION:

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER (CHECK ONE)

NAME & TITLE OF PERSON COMPLETING THIS FORM:
BRIEF DESCRIPTION OF BUSINESS ACTIVITY:
DATE BUSINESS BEGAN IN CUMBERLAND COUNTY:

APPLICANT'S NAME: TRADING AS:

BUSINESS ADDRESS: PHONE NO.:

(STREET/CITY:) FED. ID# OR SSN:

PLEASE FURNISH THE NECESSARY INFORMATION APPLICABLE TO YOUR BUSINESS OR PROFESSION:

CLASSIFICATION OF BUSINESS	GROSS RECEIPTS	RATE	LICENSE FEE
#1			
#2			
#3			

PLEASE NOTE:
- All trade / assumed names used must be registered with the Clerk of the Circuit Court before this license is issued.

TOTAL LICENSE FEE _____

* PENALTY _____

INTEREST _____

TOTAL DUE _____

MAKE CHECKS PAYABLE TO: TREASURER, CUMBERLAND COUNTY. * PENALTY AFTER MARCH 1 is 10% of tax or a $5.00 minimum, whichever is greater, plus interest at the rate of 10% per annum on the total of the tax plus penalty.

CONTRACTORS: (Please provide following information)

- NAME OF VIRGINIA JURISDICTION OR STATE WHERE YOUR BUSINESS IS LOCATED. (If other than Cumberland County).

_____

DOES THIS LOCALITY IMPOSE A LOCAL BUSINESS LICENSE? _____

- IN WHAT OTHER LOCALITIES DO YOU HAVE LICENSES? _____

_____

(If Cumberland Contractor, attach copies showing gross receipts in order to receive credit on Cumberland License)

NOTE: All subcontractors are also required to purchase a Business License

I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

_____
Signature of Applicant or Authorized Agent DATE

_____
Signature of Commissioner of Revenue, Business License Inspector or Deputy Commissioner of Revenue

(TREASURER'S STAMP)

(Return all copies. Your receipted license will be returned)