



CITY OF BRISTOL

CLOE EVA BARKER

Commissioner of the Revenue

497 Cumberland Street, Bristol, Virginia 24201

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YEAR	ACCOUNT NO.	FOR PERIOD BEGINNING ENDING	DATE APPLICANT BEGAN BUSINESS IN BRISTOL	YEAR
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INSTRUCTIONS AND LICENSE RATES ARE LISTED ON THE REVERSE SIDE OF THIS APPLICATION.

APPLICANT FULL NAME AND MAILING ADDRESS

TRADE NAME BUSINESS ADDRESS

BUSINESS LICENSE APPLICATION

APPLICATION AND PAYMENT DUE BY March 1, OR WITHIN 30 DAYS OF STARTING BUSINESS
PENALTY CHARGE --10% OF TAX OR \$10.00 WHICHEVER IS GREATER
ALL PERSONAL PROPERTY TAXES MUST BE PAID BEFORE ISSUANCE OF BUSINESS LICENSE

FOLD HERE

TYPE OF BUSINESS _____ INDIVIDUAL _____ CORPORATION _____ PARTNERSHIP _____ ASSOCIATION _____

BUS.TEL .NO. _____ BUS. FAX NO. _____ E-MAIL ADDRESS _____

FEDERAL ID or SOCIAL SECURITY NUMBER _____ CONTACT PERSON _____

CONTRACTOR CLASS A B C (CIRCLE ONE) NO. _____ EXP. DATE _____ WORKERS COMP _____

HOME ADDRESS OF INDIVIDUAL OR PARTNERS & PHONE# _____

NAME-ADDRESS-PRINCIPAL CORPORATE OFFICERS & PHONE # _____

NAME AND ADDRESS OF REGISTERED AGENT IN VIRGINIA _____

STATE OF INCORPORATION _____ DATE OF QUALIFICATION IN STATE OF VIRGINIA _____

FOLD HERE

I. LICENSE RENEWAL (IN BUSINESS MORE THAN 1 CALENDAR YEAR)	A. SERVICE DESCRIPTION AND TAX RATE	B. GROSS RECEIPTS FOR PRIOR YEAR (WHOLESALE MERCHANTS REPORT GROSS PURCHASES)	C. FEE	D. PENALTY	E. TOTAL TAX
		*ENTER PRIOR YEAR GROSS RECEIPTS HERE AND MULTIPLY RESULT BY APPLICABLE TAX RATE THEN ENTER TOTAL TAX IN COLUMN E.	.75¢		
II. SECOND YEAR OF BUSINESS	ACTUAL PRIOR YEAR GROSS EARNINGS	SECOND YEAR ESTIMATED GROSS RECEIPTS			
LESS ALLOWABLE DEDUCTIONS	GASOLINE # GALS. DIESEL # GALLONS				
III. INITIAL LICENSE (IN BUSINESS LESS THAN 1 CALENDAR YEAR)	FIRST YEAR ESTIMATED GROSS RECEIPTS				
*NOTE: AN ADJUSTMENT TO ANY UNDERESTIMATION WILL BE MADE ON THE SUCCEEDING YEAR'S LICENSE.					
ALCOHOLIC BEVERAGES MIXED BEVERAGE _____ WINE: ON _____ OFF _____ BEER: ON _____ OFF _____			FLAT		
OTHER LICENSES: PEDDLER, AMUSEMENT MACHINES, TRAILER PARKS. STATE NUMBER OF UNITS IN CITY: _____					
OATH: I, THE UNDERSIGNED APPLICANT, DO SWEAR (OR AFFIRM) THAT THE FOREGOING STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:			SUBTOTAL:		
APPLICANT'S SIGNATURE:			PENALTY:		
PRINT OR TYPE NAME:			FEE:		
DATE: COMMISSIONER OF THE REVENUE _____ MAKE CHECK PAYABLE TO: TREASURER, CITY OF BRISTOL			TOTAL AMOUNT DUE:		

REVIEW REVERSE SIDE FOR LICENSE RATES AND ADDITIONAL INSTRUCTIONS. PLEASE RETURN ALL COPIES TO THE ABOVE ADDRESS