

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

Make checks payable to:
Nelson Co. TreasurerSIGNATURE OF APPLICANT
PLEASE RETURN BOTH COPIES

Building Inspectors Approval

LICENSE TAX

Zoning Approval

PENALTY

TOTAL TAX

DATE BUSINESS BEGAN _____

911 ADDRESS _____

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 \$ _____