



TOWN OF GROTTOES

P.O. BOX 146
601 DOGWOOD AVENUE
(540) 249-5896, Option 2
www.townofgrottoes.com



APPLICATION FOR TOWN BUSINESS LICENSE

Please fill out completely and return with payment. Your license will be mailed to you, unless brought into office.

Date: _____

Name of Business: _____

Address of Business: _____

Name of Business owner/proprietor: _____ Fed I.D. or SSN: _____

Mailing Address (if different) _____

Telephone Number: (____) _____ Email: _____

Description or nature of business: _____

Applicant is applying for the following license: Retail Merchant Wholesale Merchant

Repair, Personal & Business Service Financial, Real Estate, Professional Service Other

Contractor (Workers' Compensation Insurance Form 61-A **must** be filled out and attached to this form)

Coin-Operated Vending Machines on Premises: Yes No How many: _____

Year: 20____ Gross Receipts: \$_____ Amount of License:\$_____

If NEW Business-write Zero

****Call the office at 540-249-5896 and provide gross receipts
and your amount due will be given to you****

Oath: I, the undersigned applicant, do hereby swear or affirm that the above figures and statements are true, full, and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Important Notice

Payment types: Credit, debit, cash, check & money orders

\$10 or 10% Penalty (whichever is greater) added if license NOT PAID on or before July 1st each year.

Pay online: www.townofgrottoes.com

License fee effective for 1 year: July 1st-June 30th

KEEP YELLOW COPY FOR YOUR RECORDS

OFFICE USE: ACCT# _____ PAYMENT TYPE _____ RECEIVED BY: _____