

License # _____ Invoice # _____
Amount \$ _____ Penalty \$ _____
Total Amount \$ _____

Town of Strasburg

P.O. Box 351 174 East King Street Strasburg, VA 22657
540-465-9197

TOWN BUSINESS LICENSE APPLICATION FOR 2020

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY

Were you in business on January 1, 2020? Yes No

Trading as: _____

Owner's name: _____

Federal ID or Social Security No.: _____

Business address: _____

Mailing address: _____

Business telephone: _____

Cell phone: _____

E-mail address: _____

Website address: _____

Emergency contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

TOTAL GROSS RECEIPTS for past calendar year: \$ _____

The information furnished by you upon this form is the basis used in assessing your business license in the Town of Strasburg, VA.

Check the appropriate box below for your business type:

- | | |
|---|---|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Repair, Personal & Business Services |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Financial, Real Estate & Professional Services |
| <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Carnivals, Circuses & Speedways |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Fortune Tellers, Clairvoyants & Practitioners of Palmistry |
| <input type="checkbox"/> Savings & Loan Association | <input type="checkbox"/> Coliseums, Arenas or Auditoriums |
| <input type="checkbox"/> Direct Seller | <input type="checkbox"/> Itinerant Merchants or Peddler |
| <input type="checkbox"/> Retailer | |

OATH: *the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.*

Date: _____ Signature: _____

10% penalty added if license is not paid by March 1st. Other penalties may also apply.

Will you be putting a sign up for your business? Yes No If yes, please complete a Sign Permit application.

If operating out of your home, you may need a Home Occupancy permit. Please ask.

Office Use Only:

Zoning Administrator Approval: _____ Date: _____