

**CORPORATION TOWN OF FLOYD**

138 WILSON STREET  
FLOYD, VA 24091  
(540) 745-2565

LICENSE ISSUED: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

**APPLICATION FOR BUSINESS LICENSE**

**FORM A**

**DUE DATE: MARCH 1 of each year**

BUSINESS NAME: \_\_\_\_\_ YEAR ESTABLISH: \_\_\_\_\_

Principal Owner or Agent: \_\_\_\_\_ Federal Tax I.D. No.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ ( FARMERS MARKET  ARTISAN MARKET)

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NATURE OR TYPE OF BUSINESS: (Check all that apply and list your gross receipts for last year.)	
_____ Contracting:	\$ _____
_____ Retail Sales:	\$ _____
_____ Financial, Real Estate or Professional:	\$ _____
_____ Repair, Personal, Business and Other Services, Other Businesses:	\$ _____
_____ Wholesale Sales:	\$ _____

**CALCULATION OF TAX**

Contracting (Rate 10 cents/\$100.00 of gross receipts):  
 \$ \_\_\_\_\_ - \$30,000.00 divided by 100 x .10 = \$ \_\_\_\_\_  
 (Your Gross Receipts) (Your Exemption) (Your Tax)

Retail Sales (Rate 12 cents/\$100.00 of gross receipts):  
 \$ \_\_\_\_\_ - \$25,000.00 divided by 100 x .12 = \$ \_\_\_\_\_  
 (Your Gross Receipts) (Your Exemption) (Your Tax)

Financial, Real Estate, Professional (Rate 23 cents/\$100.00 of gross receipts):  
 \$ \_\_\_\_\_ - \$13,000.00 divided by 100 x .23 = \$ \_\_\_\_\_  
 (Your Gross Receipts) (Your Exemption) (Your Tax)

Repair, Personal, Business and Other Services, Other Businesses (Rate 23 cents/\$100.00 of gross receipts):  
 \$ \_\_\_\_\_ - \$13,000.00 divided by 100 x .23 = \$ \_\_\_\_\_  
 (Your Gross Receipts) (Your Exemption) (Your Tax)

Wholesale Sales (Rate 5 cents/\$100.00 of gross sales):  
 \$ \_\_\_\_\_ - \$25,000.00 divided by 100 x .05 = \$ \_\_\_\_\_  
 (Your Gross Receipts) (Your Exemption) (Your Tax)

**FEE FOR LICENSE ISSUANCE: \$ 30.00**

Penalty (if applicable) \$ \_\_\_\_\_  
 10% on amount due or minimum of \$10.00, if paid after March 1st  
 Interest (if applicable) \$ \_\_\_\_\_  
 10% per annum on delinquent payments, if paid after April 1st

**TOTAL DUE: \$ \_\_\_\_\_**

I hereby make oath that the above constitutes the gross receipts for the named categories of business for the year next proceeding.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\*\*If you are no longer conducting business in the Town of Floyd, please contact our office at (540) 745-2565 or katie@townoffloyd.org\*\*