

CORPORATION TOWN OF FLOYD

138 Wilson Street
Floyd, VA 24091
(540) 745-2565

(For Office Use Only)

2020

DATE RECEIVED: _____

LICENSE ISSUED: _____

LICENSE NUMBER: _____

**APPLICATION FOR FOOD VENDOR LICENSE
FORM F**

DUE DATE: March 1st of each year

BUSINESS NAME: _____

Principal Owner or Agent: _____

Federal Tax I.D. No.: _____

MAILING ADDRESS: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____ PHONE #: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

Required Documents:

- _____ Town of Floyd Business License
- _____ Health Department Certification

(Check the appropriate Type of Business and calculate the Tax.)

<u>Type of Business</u>	<u>Rate</u>	<u>Amount Due</u>
<input type="checkbox"/> Itinerant Food Vendor	\$50.00 January 1-June 30 \$50.00 July 1-December 31	\$ _____ \$ _____
<input type="checkbox"/> Permanent Food Vendor	No additional fee	\$ _____
<input type="checkbox"/> One Time Food Vendor	\$50.00 per event	\$ _____
<input type="checkbox"/> Other—Special Circumstances Approval/Denial of Town Council _____.		\$ _____

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 preceding.

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