

**CORPORATION TOWN OF FLOYD**

PO Box 27, Floyd, VA 24091-0027  
Phys. Address: 203 E. Oxford Street  
(540) 745-2565

DATE RECEIVED: _____
LICENSE ISSUED: _____
LICENSE NUMBER: _____

**APPLICATION FOR FOOD VENDOR LICENSE  
FORM F**

**DUE DATE: March 1<sup>st</sup> 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 1<sup>st</sup>

**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 Lynn@townoffloyd.org\*\*