



CALENDAR YEAR 2010

OUT OF TOWN CONTRACTORS DOING BUSINESS IN LOVETTSVILLE, VA

BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

BUSINESS NAME	
OWNER	
MAILING ADDRESS	
CITY, STATE, ZIP	

BUSINESS INFORMATION

BUSINESS PHONE NUMBER	
SSN OR FEDERAL EMPLOYEE IDENTIFICATION NUMBER	
CONTRACTOR'S LICENSE NUMBER	
BUSINESS LOCATION (Street Address)	
(City, State, Zip)	
CLIENT DESCRIPTION	COMMERCIAL / RESIDENTIAL / BOTH / OTHER
PLEASE PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION.	
PLEASE IDENTIFY ANY AFFILIATE COMPANIES, THEIR BUSINESS RELATIONSHIPS AND LOCATIONS.	

STATEMENT OF GROSS RECEIPTS

TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2009 (If new business enter estimated gross receipts)	\$ _____
PERCENTAGE OF GROSS RECEIPTS ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE	_____ %
AMOUNT OF GROSS RECEIPTS ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE	\$ _____

TAX COMPUTATION

GROSS RECEIPTS	BUSINESS LICENSE TAX
\$0.00 - \$25,000.00	\$0.00 (SIGN ATTESTATION STATEMENT BELOW)
\$25,000.00 AND OVER	\$37.50 + \$0.17 PER \$100 OF GROSS RECEIPTS OVER \$25,000.00
TOTAL CONTRACTOR LICENSE TAX DUE: \$ _____	

DECLARATION

I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OR

(ATTESTATION) I CERTIFY THAT THIS BUSINESS IS PHYSICALLY LOCATED OUTSIDE THE LOVETTSVILLE TOWN LIMITS AND THAT GROSS RECEIPTS EARNED FROM BUSINESS ACTIVITY WITHIN THE TOWN LIMITS IN 2009 WERE LESS THAN \$25,000.00.

SIGNATURE CEO/PARTNER/OWNER/OFFICER

DATE

BY MARCH 1, 2010 RETURN THIS FORM AND CHECK PAYABLE TO:

TOWN OF LOVETTSVILLE
ATTN: TREASURER
PO Box 209
LOVETTSVILLE, VA 20180-0209

FOR OFFICE USE ONLY

2009 LICENSE	
DATE PAID	
AMOUNT	
LICENSE PROCESSED	
INITIALS	