



CALENDAR YEAR 2011

BUSINESS LOCATED 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	
BUSINESS LOCATION	
TOWN ZONING	
LOCATION DESCRIPTION (Circle One)	COMMERCIAL / RESIDENTIAL / OTHER
WAS BUSINESS ISSUED A HOME OCCUPATION PERMIT? (Circle One)	YES / NO / NOT APPLICABLE
WAS THIS BUSINESS ISSUED A CONDITIONAL USE PERMIT? (Circle One)	YES / NO / NOT APPLICABLE
DOES THIS COMPANY HAVE A DEFINITE PLACE OF BUSINESS IN OTHER STATES OR COUNTRIES? (Circle One)	YES / NO
DOES THIS COMPANY HAVE A DEFINITE PLACE OF BUSINESS IN OTHER VIRGINIA LOCALITIES? (Circle One)	YES / NO
PLEASE PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION.	

STATEMENT OF GROSS RECEIPTS

TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2010(<i>new business estimate gross receipts</i>)	\$	
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 - \$20,000.00	\$34.00
RECEIPTS OVER \$20,000.00	\$34.00 + \$0.17 PER \$100 OF GROSS RECEIPTS OVER \$20,000.
THE MINIMUM BUSINESS LICENSE TAX IS \$34.00/YEAR	
TOTAL 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.	
_____ SIGNATURE CEO/PARTNER/OWNER/OFFICER	_____ DATE

BY MARCH 1, 2011 RETURN THIS FORM AND CHECK PAYABLE TO:

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

FOR OFFICE USE ONLY

2010 LICENSE	
2011 LICENSE	
DATE PAID	
AMOUNT	