

## **LICENSE YEAR 2024**

LOVETTSVILLE, VA 20180-0209

## OUT-OF-TOWN CONTRACTORS DOING BUSINESS IN LOVETTSVILLE, VA

BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

| Please lev                                  | new the information in th        | e silaueu areas below         | and update as neo       | eueu.               |  |
|---|----------------------------------|-------------------------------|-------------------------|---------------------|--|
| OWNER                                       |                                  |                               |                         |                     |  |
| BUSINESS NAME                               |                                  |                               |                         |                     |  |
| MAILING ADDRESS                             |                                  |                               |                         |                     |  |
| CITY, STATE ZIP                             |                                  |                               |                         |                     |  |
| BUSINESS INFORMATION                        |                                  |                               |                         |                     |  |
| BUSINESS PHONE NUMBER                       | 1                                |                               |                         |                     |  |
| EMAIL ADDRESS                               |                                  |                               |                         |                     |  |
| SSN OR FEDERAL EMPLOYER                     | IDENTIFICATION NUMBER            |                               |                         |                     |  |
| CONTRACTOR'S LICENSE NUM                    |                                  |                               |                         |                     |  |
| BUSINESS LOCATION (Street A                 |                                  |                               |                         |                     |  |
|   | -tuuress)                        |                               |                         |                     |  |
| (City, State Zip) STATE LICENSE NUMBER (ATT | ACH CERTIFICATE) OR              |                               |                         |                     |  |
| SIGNATURE STATING EXEMPTION                 | •                                |                               |                         |                     |  |
| EXEMPTION.                                  | ON WITH AFFIDAVIT OF             |                               |                         |                     |  |
| PROVIDE A BRIEF DESCRIPTION                 | N OF BUSINESS ACTIVITIES AT      | THIS LOCATION.                |                         |                     |  |
|   |                                  |                               |                         |                     |  |
|   |                                  |                               |                         |                     |  |
| STATEMENT OF GROSS RECEIP                   | TS                               |                               |                         |                     |  |
| TOTAL OF GROSS RECEIPTS A                   | TRIBUTABLE TO BUSINESS IN        | N LOVETTSVILLE IN 2023        |                         | \$                  |  |
|   |                                  |                               |                         |                     |  |
| TAX COMPUTATION (PLEASE NO                  | OTE CHANGES IN BUSINESS L        | ICENSE TAX HIGHLIGHTED        | BELOW)                  |                     |  |
| GROSS RECEIPTS                              | BUSINESS LICENSE TAX             |                               |                         |                     |  |
| <b>\$0.00 - \$25,000.00</b>                 | \$30.00 (SIGN ATTESTATION        |                               |                         |                     |  |
| \$25,000 AND OVER                           | \$30.00 + \$0.16 PER \$1         | <b>00</b> OF GROSS RECEIPTS ( | OVER \$25,000.          |                     |  |
| TOTAL CONTRACTOR LICENSE                    | TAY DUE: \$                      | + 10% I ATE F                 | FEE (AETED 5/1/24). \$  |                     |  |
| TOTAL CONTRACTOR LICENSE                    | - ΤΑΧ ΒΟΕ. Ψ                     | · 10/0 EATET                  | LL (AI 1LK 5/1/24). 4   |                     |  |
| TOTAL AMOUNT DUE: \$                        |                                  |                               |                         |                     |  |
| DECLARATION                                 |                                  |                               |                         |                     |  |
| [ ] I DECLARE THAT THE STATEME              | NTS AND FIGURES GIVEN ARE TRUE   | , FULL AND CORRECT TO THE B   | EST OF MY KNOWLEDGE AI  | ND BELIEF.          |  |
| OR  |                                  |                               |                         |                     |  |
| [ ] (ATTESTATION)   CERTIFY                 | THAT THIS BUSINESS IS PHYSICALLY | LOCATED OUTSIDE THE LOVET     | TSVILLE TOWN LIMITS AND | THAT GROSS RECEIPTS |  |
| EARNED FROM BUSINESS ACTIVITY WI            | THIN THE TOWN LIMITS IN 2023 WE  | RE LESS THAN \$25,000.        |                         |                     |  |
|   |                                  |                               |                         |                     |  |
| 2:  |                                  | <del></del>                   |                         |                     |  |
| SIGNATURE CEO/PARTNER/O                     | WNER/OFFICER                     | L                             | DATE                    |                     |  |
|   | For Office Use Only              |                               |                         |                     |  |
| RETURN THIS FORM AND CHECK BY MAY 1, 2024.  |                                  |                               | 2023 LICENSE            |                     |  |
| ,   |                                  |                               | 2024 LICENSE            |                     |  |
| PAYABLE TO:                                 |                                  |                               |                         |                     |  |
| Town of Lovettsville                        |                                  |                               | DATE RECEIVED           |                     |  |
| I OVVIN OF LOVE I ISVILLE                   |                                  |                               |                         |                     |  |
| ATTNI LIGA MILLI EN                         |                                  |                               | AMOUNT                  |                     |  |
| ATTN: LISA MULLEN<br>PO Box 209             |                                  |                               | AMOUNT DATE ISSUED      |                     |  |