

Application for Business or Professional License

Town of Rural Retreat

307 South Main Street

P.O. Box 130

Rural Retreat, VA 24368

276-686-4221

ALL INFORMATION LISTED BELOW MUST BE COMPLETED BEFORE LICENCE WILL BE ISSUED.

NAME OF BUSINESS _____

OWNER OR CONTACT _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

PO BOX OR STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE _____

NATURE OF BUSINESS _____

INDIVIDUAL _____ **PARTNERSHIP** _____ **CORPORATION** _____

FEDERAL ID NO. _____ **OR SOCIAL SECURITY NO.** _____

NEW BUSINESS:

Business/Professional operating less than twelve (12) full months between
January 1, 20____ and December 31, 20____

Business commenced _____

CATEGORY _____ **ESTIMATED GROSS RECEIPTS** _____

ABC LICENSE:

Retail Merchants authorized by the ABC Board to sell beer and/or wine on and/or off premises
please check _____ and add a \$37.50 fee for ABC business license.

I (we) hereby certify that amount(s) reported as gross receipts or gross purchases from my business or
profession reported herein are true and correct.

Signature of Applicant

Signature if other than Applicant

Title

Company

*If mailing your application, please allow 3-5 business days for your license to be processed and
returned, provided all required information is submitted.*

OFFICE USE ONLY **RECEIVED BY:** _____