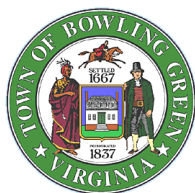


# 2017



## APPLICATION FOR BUSINESS LICENSE\* TOWN OF BOWLING GREEN

For the period of January 1, 2017 and ending December 31, 2017

\*A Home Occupation Permit is required in addition to a Business License to operate a business in your home.

Applicant: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### BUSINESS INFORMATION:

Federal Identification Number: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Business start date: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### CONTRACTORS:

Location of Office: \_\_\_\_\_  
Physical Location of work to be done in Town: \_\_\_\_\_  
State Contractor's License Number: \_\_\_\_\_  
Other Localities for which you hold a Business License: \_\_\_\_\_

**NOTE: Attach copies of gross receipts paid to other localities for credit.**

### BUSINESS LICENSE TAX COMPUTATION:

- |   |  |
|---|--|
| 1. Gross Receipts _____                   | (Enter amount of gross receipts from last year.)<br>(If the amount entered on line 1 is less than \$5000, skip line 2 and Enter \$0 on line 3 below.) NEW BUSINESS: Please estimate your yearly revenue or Contractors list your jobs in the Town. |
| 2. Rate (50 cents per \$100) x .005 _____ | (Multiply gross receipts from line 1 above by tax rate on line 2 and enter answer or \$30, (whichever is greater) on line 3 below.)  |
| 3. Tax Due _____                          | (This is the amount of tax you owe.)   |
| 4. Late Penalty _____                     | (Add penalty of 10% of Tax Due - line 3 above - for failure to file for pay on or before March 1, 2017. If on time, enter \$0.)  |
| 5. Total Payment _____                    | (Total lines 3 and 4 above. This is the amount you owe.)   |

**Make check payable to:** Town of Bowling Green  
P.O. Box 468  
Bowling Green, VA 22427

**Return with payment by 5:00 PM on  
March 1, 2017 to avoid penalties.**

**DECLARATION:** *All statements and figures herein are true, complete and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant or Authorized Agent

\_\_\_\_\_  
Title

**A copy of the Business, Corporate, or Individual Tax Return indicating gross receipts is request with this application.**