

Town of Damascus

208 W. Laurel Ave., Damascus VA 24236-0576

Office of the Treasurer

Phone 276-475-3831 ext.1 & e-mail: damascustreasurer@embarqmail.com

Contractors Business License Application & Renewal Form

Business Name _____ Business Owner Name _____

Business Location _____ Home Address _____

Mailing Address (if different) _____ Mailing Address (if different) _____

City, State & Zip Code _____ City, State & Zip Code _____

Business Phone # _____ Business Owner Phone # _____

Business Website: _____ Business Owner email: _____

Nature of the business: _____

Please check one:

INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

Basis for License – Please check the applicable statement(s):

- Business/Professional operating from January 1st to December 31st: Provide actual gross receipts for this period \$ _____
- Business/Professional operating less than 12 full months between January 1st and December 31st
Provide the date on which business commenced: _____; As well as actual gross receipts for this period \$ _____
- Business/Professional commencing new business - **First Time Licensing Fee = \$50.00**

The license fee is 16 cents per \$100 of gross receipts for the period (which is January 1st to December 31st of the previous year).

Calculation: Gross receipts \$ _____ x .0016 = \$ _____ business tax owed.

* If your business operated for less than twelve full months during the previous year, use the actual gross receipts for the months of operation.

The minimum license fee is \$50; *even if gross sales were less than \$25,000.*

Additional **10% Penalty** if not received by May 10th + \$ _____

Business licenses must be renewed annually, by May 1st.

*** DELINQUENT AFTER MAY 1st**

* *Reminder* : If your business is subject to meals/lodging/real estate/personal property taxes, those taxes must be current in order to have your license renewed. **BUSINESSES CAN LEGALLY BE CLOSED BY THE TOWN FOR FAILURE TO OBTAIN A LICENSE OR FAILURE TO PAY TAXES.**

I hereby certify that the amount reported as gross receipts/purchases from my business or profession, as reported, are herein true and correct.

Signature of Applicant, Title

Date

Remit payment to: Town of Damascus
P.O. Box 576 Damascus, VA 24236
(memo: business license).