TOWN OF LURAY BUSINESS LICENSE APPLICATION POST OFFICE BOX 629 LURAY, VIRGINIA 22835 540-743-5511 OR FAX 540-743-1486

		APPLICANT'S NAME	
		EMAIL	
DESCRIBE TYPE OF BUS	SINESS AND ACTIVITIE	ES IN DETAIL	
	ISHED BY YOU ON THIS FO LICENSE IN THE		GROSS RECEIPTS LESS SALES TA SED IN ASSESSING YOUR BUSINE
THE TREA	SURER'S OFFICE WIL		
DESCRIPTION			GROSS RECEIPTS
RETAIL MERCHANT	· · · · · · · · · · · · · · · · · · ·		
WHOLESALE MERC	HANT		
PROFESSIONAL			
	AL, REPAIR SERVICE DESC	RIPTION	
· · · · · · · · · · · · · · · · · · ·	NESS WITHIN TOWN LIMIT		
	SIDE TOWN LIMITS)		
	ade within Town of Luray)		
FINANCIAL SERVIC			
GASOLINE AND FUE			
ITINERANT MERCH			
\$500.00 per year	ANT ORTEDDEER		
REAL ESTATE BROI	KER, APPRAISER, SALESPE	RSON	
DIRECT SELLER			
TELEPHONE			
BEER AND WINE OF	F PREMISES \$37.50		
BEER AND WINE ON	PREMISES \$37.50		
MIXED BEVERAGES	□ \$200.00		
VENDING MACHINE	S(# OF MACHINES)		
BOTTLER'S LICENS	E 🗆 \$500.00		
DISTILLERY	Under 5,000 gal, Over 5,000 g	gal □	
TOBACCO - \$20.00			
BREWERY - \$250.0	0		
1 HEREBY SWEAR OR AFFIRM TO CONTRACTS IS TRUE AND CORRE	THAT THE ABOVE INFORMATIO CCT TO THE BEST OF MY KNOWL	N AS TO GROSS RECEI EDGE.	PTS, SALES, COMMISSIONS, PURCHASE

THIS FORM MUST BE COMPLETED AND LICENSE PURCHASED BY MARCH 1 ST 10% PENALTY ADDED IF LICENSE IS NOT PAID BY MARCH 1 ST INTEREST PER ANNUM OR .83% PER MONTH

ZONING DISTRICT_____ZONING ADMINISTRATOR APPROVAL_____ACCOUNT NUMBER_