



TOWN OF LURAY

Post Office Box 629/45 E. Main St.

Luray, Virginia 22835

Phone: 540-743-5511 Fax: 540-743-1486

NEW BUSINESS LICENSE CHECKLIST

_____ Complete the top portion of the **Business License Application**. Leave the “gross receipts” portion blank. Sign and date at the bottom.

_____ Complete the form titled “**Page County Building Department Information**”. This form will need to be approved by the Page County Building Official. We will email the form to the Page County Building office for you.

_____ Complete the **Zoning Clearance Application**.

_____ Complete the **Sign Permit Application** for any new signs or changes to existing signs (if applicable).

_____ **Bring all completed and signed forms to the Luray Town Office for review. Fees will be determined upon approval.**

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

BUSINESS NAME _____ **APPLICANT'S NAME** _____

BUSINESS LOCATION _____ **MAILING ADDRESS** _____

TELEPHONE _____ **FAX #** _____ **SOCIAL SECURITY #** _____

FEDERAL ID # _____ **SALES TAX #** _____ **EMAIL** _____

DESCRIBE TYPE OF BUSINESS AND ACTIVITIES IN DETAIL

**ALL BUSINESSES MUST STATE THEIR PREVIOUS YEAR'S VOLUME OF GROSS RECEIPTS LESS SALES TAX.
THE INFORMATION FURNISHED BY YOU ON THIS FORM IS THE BASIS USED IN ASSESSING YOUR BUSINESS
LICENSE IN THE TOWN OF LURAY.**

...REPORT GROSS RECEIPTS BELOW...

THE TREASURER'S OFFICE WILL CALCULATE YOUR LICENSE FEE

DESCRIPTION	GROSS RECEIPTS
RETAIL MERCHANT	
WHOLESALE MERCHANT	
PROFESSIONAL	
BUSINESS, PERSONAL, REPAIR SERVICE DESCRIPTION	
CONTRACTOR BUSINESS WITHIN TOWN LIMITS	
CONTRACTOR (OUTSIDE TOWN LIMITS) (only report receipts made within Town of Luray)	
FINANCIAL SERVICES	
GASOLINE AND FUEL OIL DEALERS	
ITINERANT MERCHANT OR PEDDLER \$500.00 per year	
MOBILE FOOD UNIT \$500.00/year + additional guidelines	
REAL ESTATE BROKER, APPRAISER, SALESPERSON	
DIRECT SELLER	
TELEPHONE	
BEER AND WINE OFF PREMISES \$37.50 ☐	
BEER AND WINE ON PREMISES \$37.50 ☐	
MIXED BEVERAGES ☐ \$200.00	
VENDING MACHINES(# OF MACHINES _____)	
BOTTLER'S LICENSE ☐ \$500.00	
DISTILLERY ☐ Under 5,000 gal, ☐ Over 5,000 gal ☐	
TOBACCO - \$20.00	
BREWERY - \$250.00 ☐	

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION AS TO GROSS RECEIPTS, SALES, COMMISSIONS, PURCHASES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

THIS FORM MUST BE COMPLETED AND LICENSE PURCHASED BY MARCH 1ST

10% PENALTY ADDED IF LICENSE IS NOT PAID BY MARCH 1ST

INTEREST PER ANNUM OR .83% PER MONTH

ZONING DISTRICT _____

ZONING ADMINISTRATOR APPROVAL _____

ACCOUNT NUMBER _____

**Page County Building Department Information
Required for the Town of Luray Business License**

Date: _____ Tax Map #: _____ SS/ID #: _____

Applicant:

Owner of Property (if different):

Name: _____ Name: _____

Address: _____ Address: _____

Telephone #: _____ Telephone #: _____

Name of Proposed Business: _____

Type of Business: _____

Check Only One: In Home Occupation: _____ Stand Alone Business: _____

New Construction: Yes _____ No _____ Current Use of Property: _____

Will this Business be open to the public? Yes _____ No _____

Number of Employees: _____ Number of Patrons per Day: _____

Public Water and Sewer Available? Yes _____ No _____

Page County E911 Address of Proposed Business: _____

Signature of Applicant/Owner: _____ Date: _____

Page County Building Official:

Approved _____

Denied _____

Date: _____

Page County Building Official

Note: Effective October 12, 2005, this form must be completed by the applicant/owner and delivered to the Page County Department of Inspections for approval. Prior to issuance of a Business License by the Town of Luray, approval must be received from the Department of Inspections.



Town of Luray
Zoning Clearance Application
Application No.: _____

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a Zoning Permit for the activity described below and as show on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. This permit application authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to confirm information provided and compliance with the conditions applicable to this permit. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Purpose of Application: ☐ Business License ☐ Inside Renovations ☐ Temporary Pool

Applicant Information:

Applicant Name _____

Company Name _____

Address _____

Phone: _____ Email: _____

Property Owner Information:

Owner Name _____

Address _____

Phone: _____ Email: _____

Property Information:

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Nature of Request (Describe Fully) _____

For Pools: Include sketch of proposed placement on lot in relation to home and neighboring lots on back of application
For Business License: All taxes must be current; Any signage will require separate permit application
For Inside Renovations: Please identify contractor, anticipated construction time, and estimated value of improvements in description

Signature of Applicant

Date

Zoning Administrator

Date

Comments:



Town of Luray
Sign Permit Application
Application No.: _____

I, as owner or authorized agent for the work described below, do hereby certify that I have the authority to make this application for a Sign Permit for the activity described below and as shown on any attached plans, that the information provided is correct and that any sign and its placement will conform to the regulations of the Town's *Zoning Ordinance*, Article VIII-Signs, and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Applicant Information:

Applicant Name _____

Company Name _____

Address _____

Phone: _____ Email: _____

Sign Contractor Information

Company Name _____

Address _____

Phone: _____ Email: _____

Property Owner Information:

Owner Name _____

Address _____

Phone: _____ Email: _____

Property Information:

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Sign Dimensions _____

Nature of Sign Request (Describe Fully) _____

Sign Type: ☐ Wall Mount ☐ Projection ☐ Pole Mount ☐ Monument

Please include sketch of all buildings with dimensions with sign locations

Please submit a sketch of Site Plan on attached sheet of the proposed sign(s) to include all of the following that will apply to your proposed application.

- 1) Position of the sign in relation to adjacent lot lines, buildings, sidewalks, streets and intersections.
- 2) General description of structural design and construction of materials to be used.
- 3) Specifications indicating the height, length, depth, perimeter and area dimensions, square footage, means of support, method of illumination, colors, and any other significant aspect of the proposed sign.
- 4) Size and placement of all existing signs to remain on the property.
- 5) Pictures or artist's renderings of signs.
- 6) Building dimensions and total square footage of building.
- 7) Name of street(s) parallel with front of structure and other adjacent streets.

Applicant, Property Owner, and Sign Erector hereby covenant to restore any and all damages to sidewalks, streets, alleys, sewers, gas mains, and electrical installations which may result.

I hereby certify that the information provided on this application is correct and that the construction will conform to all relevant Building Code requirements and private restrictions, if any, which may be imposed upon the above property by Deed.

I hereby certify that the information provided on this application is correct and the sign(s) meet all Town, County and State requirements. Refer to Article VIII of Luray Code of Ordinances, townofluray.com

Signature of Applicant: _____

Date: _____

Owner's Authorization (if different) – I am the owner of the property described above and I am aware of the contents of this permit application. I have authorized (print)

_____ to act on my behalf in submitting this permit application.

Signature of Property Owner: _____

Date: _____

We're excited you've decided to do business in Virginia.

Ready to register?

You can start the registration process by using the button below, and selecting **"New business? Register your business here."** You can save a draft, and come back later to complete your registration. Just be sure to save your user ID and password, so you can log back in.

If you plan to hire employees, you can register with the Virginia Employment Commission (VEC) at the same time you register with us. VEC is responsible for collecting unemployment tax.

Register your business now

What you need before you start your registration

- Federal Employer Identification number (FEIN). Don't have a FEIN? You can [get one through the IRS website](#).
- Primary account user's information: Name, email, and phone number.
- Responsible party's information: Name, Social Security number, home mailing address, email address, and phone number.
- Business information: Legal business name; primary business address, and mailing address.
- Entity type. If you're not sure, the [Small Business Administration](#) is a good resource to see which business structure is most appropriate for your business.
- North American Industry Classification System (NAICS) code. [Look it up here](#).
- The tax types you need to register for and the date you'll begin business for the purposes of each tax type.

An [interactive, step-by-step video](#) to help you register is available.

When you complete your registration, you'll receive your Virginia Tax account number for each tax type, your sales tax certificate (if you registered to collect retail sales or use tax), and documents to help you with your next steps (what returns you need to file, when to file, etc.). You also are automatically enrolled in a business online services account where you'll be able to file and pay taxes, send us emails, and manage your Virginia Tax account in the future.

Business Registration FAQs

[Why can't I register my business online?](#)

[Can I come back later to finish my registration?](#)

[What are the most common tax types I might need to register for?](#)

[What types of business entities can I register?](#)

[Can I make changes to my registration?](#)

Resources for New Businesses

- [Business One Stop](#) is an online interactive system that helps you register your business with several Virginia state and local agencies at one time.
- [State Corporation Commission \(SCC\)](#) - some businesses must also register with the SCC.
- [U.S. Small Business Administration](#)
- [Virginia Economic Development Partnership](#)
- [Virginia Employment Commission \(VEC\)](#)