

TOWN OF PULASKI
PO BOX 660
PULASKI VA 24301
PHONE: 540-994-8640
FAX: 540-994-8647

NEW BUSINESS LICENSE YES _____ NO _____
BUSINESS LICENSE RENEWAL YES _____ NO _____

For Business License Year March 1, 2017 through March 1, 2018

ACCOUNT NUMBER _____
BUSINESS LEGAL NAME _____
TRADING AS OR DBA _____
TYPE OF BUSINESS OR PROFESSION _____
STREET ADDRESS _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____
FEDERAL ID NUMBER _____

TYPE OF BUSINESS:

Sole Proprietorship _____ Partnership _____ Corporation _____

PRINCIPAL OWNERS OF THE BUSINESS: ALL OWNERS MUST BE LISTED UNLESS SOLE PROPRIETORSHIP

NAME _____
STREET ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER _____
SOCIAL SECURITY NUMBER _____

NAME _____
STREET ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER _____
SOCIAL SECURITY NUMBER _____

I hereby swear and verify that the information on this application is true and correct to the best of my knowledge and belief.

Given under my hand this _____ day of _____

APPLICANT'S SIGNATURE _____

TITLE _____

GROSS RECEIPTS BASED ON PREVIOUS TAX YEAR

LICENSE FEE SCHEDULE

LICENSE TYPE	PER \$100	CALCULATION FACTOR
RETAIL	\$0.16	0.0016
CONTRACTOR	\$0.16	0.0016
FINANCIAL	\$0.40	0.0040
REAL ESTATE	\$0.40	0.0040
PROFESSIONAL	\$0.40	0.0040
REPAIR	\$0.20	0.0020
PERSONAL SERVICE	\$0.20	0.0020
BEER & WINE	\$37.50	37.50
MIXED DRINKS	\$200.00	200.00
PRECIOUS METALS	\$200.00	200.00
WHOLESALE FIRST 2 MIL	\$0.13	0.0013
WHOLESALE NEXT 1 MIL	\$0.05	0.0005
WHOLESALE OVER 3 MIL	\$0.01	0.0001

CALCULATE YOUR FEE – FOR A NEW BUSINESS, YOU WILL HAVE TO ESTIMATE YOUR GROSS RECEIPTS FOR THE FIRST YEAR

MINIMUM FEE OF \$30.00

BUSINESS GROSS RECEIPTS _____

AMOUNT DUE ON GROSS RECEIPTS _____

LATE PENALTY PAYMENT (10%) _____

INTEREST CHARGES (10% PER ANNUM STARTING AFTER MARCH 1ST) _____

TOTAL AMOUNT DUE _____

All contractors applying for a business license must provide proof of Workman Compensation Insurance, and a completed contractor's Certification of Insuring Liability for Workman Compensation in Virginia before a license can be issued.

CONTRACTORS

State board contractor registration number: _____

Initial here if you do not accept contracts of \$1500 or more: _____

TOBACCO PRODUCTS Are any sales applicable to the cigarette products tax? YES NO

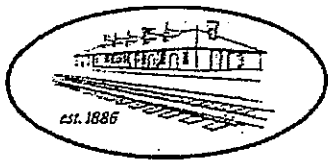
If yes, who is the supplier (s) _____

MEALS TAX Are any sales applicable to the meals tax code? YES NO

VENDING MACHINES Does your business have any vending machines located in the Town of Pulaski?

YES NO

If yes, include a detailed listing of the location and the number of all vending machines located within the Town.



TOWN OF PULASKI

Business Occupancy Application

Contact Person: _____ Phone: _____

Business Name: _____ Phone: _____

Property Address: _____

Occupancy requested by: _____ Phone: _____

Email Address: _____

Relationship to owner: Owner Lessee Agent (permit holder, design professional)

Yes No: Has the Fire Marshall, Zoning Administrator or Building Official been contacted regarding change of use?

Current Zoning: _____ Proposed Zoning: _____

Current Use: _____ Proposed Use: _____

Yes No: Will there be any alterations to existing signs or their locations?

Yes No: Will there be any new signs added to the building?

Yes No: Does the structure/parking lot have exterior lighting?

Yes No: Will there be a dumpster on the premises?

Number of striped existing parking spaces: _____ Number of striped & signed ADA spaces: _____

Square footage of the building or space: _____

Yes No: Does the building have an active sprinkler system?

Yes No: Will there be any structural modifications to the building?

Approved: To be completed by staff: Backflow prevention device verified for testing requirements

If there will be any alterations to the building; please check the appropriate box that applies:

Framing Electrical Mechanical Plumbing

Yes No: Will there be any changes to the parking lot or building entrance?

Yes No: Any changes in the current means of egress that involve exit doors, corridors, or locking arrangements of required exit doors?

Note: Any alterations to any part of the building require the alteration to comply with the current edition of the building code in effect at that time.

Signature of Applicant: _____ Date: _____

Approved | Disapproved

_____ Date: _____

Zoning Administrator

_____ Date: _____

Building Official

_____ Date: _____

Fire Marshall

NOTES: