

**TOWN OF COLONIAL BEACH**  
**P. O. BOX 450**  
**COLONIAL BEACH, VA 22443**  
**(804) 224-7183 - FAX (804) 224-7185**

LICENSE # \_\_\_\_\_

APPLICATION FOR BUSINESS LICENSE - \_\_\_\_\_

**\*\*\*PLEASE PRINT OR TYPE EXACTLY AS LICENSE IS TO BE ISSUED\*\*\***

TRADE NAME \_\_\_\_\_ STATE TAX I.D.# \_\_\_\_\_  
 OWNER'S NAME \_\_\_\_\_ FEDERAL TAX I.D.# \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
 CITY, STATE & ZIP CODE \_\_\_\_\_ DATE BUSINESS BEGAN IN THE TOWN \_\_\_\_\_  
 TELEPHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_  
 MAILING ADDRESS (if other than bus. address) NATURE OF BUSINESS OR PROFESSION \_\_\_\_\_

If business is conducted in the home, a Home Occupation Permit is required.  
 Application is for (check one): New License \_\_\_\_\_ (Estimate gross receipts for current year)  
 Renewal \_\_\_\_\_ (Actual gross receipts for preceding year)

## APPLICATION DUE MARCH 1ST

CATEGORY	CODE	GROSS RECEIPTS	CATEGORY	CODE	GROSS RECEIPTS
Contractors	13.1-10 (b) (1)		Repair/Personal Bus. Service	13.1-10 (b) (4)	
Retail Sales	13.1-10 (b) (2)		Wholesale Merchants	13.1-10 (b) (5)	
Professional Services	13.1-10 (b) (3)		Direct Sales Wholesale/Retail	13.1-10 (b) (9)	
Financial & Real Estate	13.1-10 (b) (3)		Other		

**OUT OF TOWN CONTRACTORS:** Attach copy of your current locality business license

ABC LICENSE APPLIED FOR AND PERMITTED \_\_\_\_\_

MIXED BEVERAGES - CAPACITY \_\_\_\_\_ SEATING \_\_\_\_\_ FEE \$ \_\_\_\_\_

ALCOHOLIC BEVERAGES: (check only one which applies)

Retail on-premises beer only		Retail on and off premises beer and wine	
Retail off-premises beer only		Retail on premises wine and beer only	
Retail on and off premises beer only		Retail off premises wine and beer only	

COIN OPERATED MACHINES - SODA \_\_\_\_\_ OTHER \_\_\_\_\_

**IMPORTANT INFORMATION**

Applications are due March 1st. Any license tax not received by April 1st will be considered delinquent. A 10% penalty may be added for failure to file the application or pay the tax on time. Also interest of 10% per annum will accrue on all amounts not paid by the due date.

I certify that the statements and figures on this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

EXEMPT: \_\_\_\_\_

\_\_\_\_\_  
Date