



BRENDA B. RICKMAN  
 COMMISSIONER OF THE REVENUE  
 CITY OF FRANKLIN  
 P.O. BOX 389 • FRANKLIN, VIRGINIA 23851  
 (757) 562-8547

2014

## CITY OF FRANKLIN BUSINESS LICENSE APPLICATION

CHECK PAYABLE TO - CITY OF FRANKLIN  
 THIS APPLICATION MUST BE FILED AND FEE PAID BY **MARCH 1ST**  
 PENALTY OF 10% APPLIED IF NOT FILED AND PAID BY DUE DATE

|                                      |  |   |                  |  |  |
|--------------------------------------|--|---|------------------|--|--|
| ACCOUNT NO.                          |  | FEDERAL I.D. NO. OR SOCIAL SECURITY NO. |                  | VA SALES & USE TAX NUMBER  |  |
| APPLICANT NAME AND MAILING ADDRESS   |  |   | TRADE NAME       |  |  |
|                                      |  |   | BUSINESS ADDRESS |  |  |
| PHONE                                |  | DATE BUSINESS STARTED IN FRANKLIN       |                  | DISTRICT   |  |
|                                      |  |   |                  | VA STATE CONTRACTOR'S LICENSE NO.  |  |
| FICTITIOUS NAME FILED AND FAX NUMBER |  | ZONING APPROVED                         |                  | TAX YEAR   |  |
|                                      |  |   |                  | INDICATE IF APPLICANT IS:<br>(I) INDIV.      (P) PARTNERSHIP      (C) CORP. <input type="checkbox"/> |  |

| CODE | DESCRIPTION | BASIS/<br>GROSS RECEIPTS | TAX | PENALTY | TOTAL |
|------|-------------|--------------------------|-----|---------|-------|
| 1.   |             |                          |     |         |       |
| 2.   |             |                          |     |         |       |
| 3.   |             |                          |     |         |       |
| 4.   |             |                          |     |         |       |
| 5.   |             |                          |     |         |       |
| 6.   | ADJUSTMENT  |                          |     |         |       |
| 7.   |             |                          |     |         |       |

**Total Tax Due** **\$**

RECEIVED BY THE CITY OF FRANKLIN

DATE: \_\_\_\_\_ TR#: \_\_\_\_\_ PAYMENT AMOUNT: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

OATH, I THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM), THAT THE FOREGOING FIGURES AND STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND THE LIMITS OF THIS LICENSE.

\_\_\_\_\_  
 BUSINESS NAME

\_\_\_\_\_  
 NAME / TITLE AUTHORIZED SIGNATURE

|                |       |
|----------------|-------|
| DATE OF REPORT |       |
| CONTACT PERSON | PHONE |

**THE COMPLETION AND ISSUANCE OF THIS APPLICATION FOR CITY LICENSE SHALL NOT BE DEEMED TO BE APPROVAL TO PROSECUTE ANY BUSINESS WITHOUT OBTAINING ZONING AND USE PERMITS FOR THE LOCATION IN WHICH YOU INTEND TO LOCATE.**

LICENSE

I, Commissioner of the Revenue of the City of Franklin, Virginia, do find the foregoing application in due form. Therefore, pursuant of the License Tax Ordinance of the said City of Franklin, Virginia, license are this day severally granted the above named applicant to prosecute the business, employments or professions covered by the foregoing application as indicated by extension of the taxes thereon, and their payment as indicated hereon, at the above named definite house or place of business in said City for the period shown on said application.

This license, however, shall not be valid or have any legal effect unless and until the taxes (and penalties) prescribed by said ordinance as shown on the foregoing application are paid to The Treasurer of said City and the fact of such payment is properly shown hereon, and does not permit licensee to prosecute any business, profession or occupation in violation of any City Ordinance, State of Federal law.

Commissioner of the Revenue

Sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ By \_\_\_\_\_  
 Signature of Commissioner of the Revenue, his deputy or other designated official.