



**TOWN**  
**OF**  
**Lovettsville**  
**VIRGINIA**

LICENSE YEAR 2024

**BUSINESS LOCATED IN THE TOWN OF LOVETTSVILLE, VA**

BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

OWNER'S NAME	
BUSINESS NAME	
MAILING ADDRESS	

PLEASE REVIEW THE INFORMATION IN THE SHADED AREAS BELOW AND UPDATE/COMPLETE, AS NECESSARY.

**BUSINESS INFORMATION**

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
BUSINESS WEBSITE	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
BUSINESS LOCATION – PHYSICAL ADDRESS	
I'D LIKE TO PARTICIPATE IN A TOWN WIDE DIRECTORY	YES NO
STATE LICENSE NUMBER (ATTACH CERTIFICATE) OR SIGNATURE STATING EXEMPTION WITH AFFIDAVIT OF EXEMPTION.	
BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION	

**STATEMENT OF GROSS RECEIPTS AND TAX COMPUTATION**

ATTENTION: PROOF OF REPORTED GROSS RECEIPTS REQUIRED: (IE; ACCOUNTING SOFTWARE REPORT, COPY OF YOUR SCHEDULE C, OR OTHER SUPPORTING DOCUMENTATION VERIFYING GROSS RECEIPTS MUST BE SUBMITTED WITH THIS APPLICATION.)

ROW	CALCULATION	Receipts	Tax Due
A	TOTAL GROSS RECEIPTS FOR CALENDAR YEAR 2023	\$ _____	<b>\$30.00</b>
B	SUBTRACT \$20,000 FROM ROW A	-\$20,000	
C	ADJUSTED GROSS RECEIPTS	\$ _____	
	IF ROW C IS ZERO OR LESS GO TO ROW E, OTHERWISE CALCULATE ADDITIONAL LICENSE TAX ON ROWS D		
D	MULTIPLY ROW C BY 0.0017 (\$0.17/\$100)		\$ _____
E	TOTAL LICENSE TAX DUE <b>BEFORE MAY 1, 2024</b> (\$30 FROM ROW A + AMOUNT FROM ROW D)		\$ _____
F	IF APPLICABLE, AMOUNT DUE <b>AFTER MAY 1, 2024</b> (ROW E +10% LATE FEE)		\$ _____

**DECLARATION**

I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE CEO/PARTNER/OWNER/OFFICER

\_\_\_\_\_  
DATE

**APPLICATION AND PAYMENT DUE BY MAY 1, 2024.**  
**MAKE CHECK PAYABLE TO TOWN OF LOVETTSVILLE.**

TOWN OF LOVETTSVILLE  
ATTENTION: LISA MULLEN  
PO Box 209  
6 E PENNSYLVANIA AVE  
LOVETTSVILLE, VA 20180-0209

**FOR OFFICE USE ONLY**

2023 LICENSE	
2024 LICENSE	
DATE RECEIVED	
AMOUNT	
DATE ISSUED	
INITIALS	