

TOWN OF JONESVILLE
1 PARK STREET
P.O. BOX 190
JONESVILLE, VA 24263
(PHONE) 276-346-1151
(FAX) 276-346-1325

BUSINESS LICENSE APPLICATION

BUSINESS LICENSE #: _____

NAME: _____

BUSINESS ADDRESS: (NO P.O. BOXES)

CITY: _____

STATE: _____ ZIP: _____

MAILING

ADDRESS:

(IF DIFFERENT FROM BUSINESS ADDRESS)

CITY: _____

STATE: _____ ZIP: _____

BUSINESSPHONE: (____) _____

BUSINESSFAX: (____) _____

EMAILADDRESS: _____

DESCRIBE YOUR BUSINESS: _____

NUMBER OF EMPLOYEES: _____

OWNER NAME: _____

TITLE: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

DRIVER'S LICENSE #: _____

STATE ISSUED: _____

HOME PHONE :(____) _____

CELL PHONE :(____) _____

CO-OWNER NAME: _____

TITLE: _____

HOME ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
SOCIAL SECURITY #: _____
DRIVER'S LICENSE #: _____
STATE ISSUED: _____
HOME PHONE :(____) _____
CELL PHONE :(____) _____
TYPE OF APPLICATION: _____
NEW APPLICATION: YES NO
CHANGE OF OWNER: _____
CHANGE OF ADDRESS: _____
TYPE OF OWNERSHIP: _____
STATE: _____
LICENSE NUMBER: _____
LICENSE TYPE: _____
EXPIRES: _____
RESALE#: _____
FEDERAL TAX ID #: _____
STATE TAX ID #: _____
TODAY'S DATE: _____
CHECK IF HOME BASED BUSINESS

NOTICE TO ALL GENERAL AND SUB-CONTRACTORS

Contractor's Declaration

I hereby affirm under penalty of perjury that I currently have a Virginia State Contractor's License in full force and effect.

STATE CONTRACTOR'S LICENSE#: _____
LICENSE CLASS: _____
EXPIRES: _____
CONTRACTOR'S SIGNATURE: _____
DATE: _____

EMERGENCY CONTACT

(The Emergency Contact Phone Number must be different from the Business Phone Number listed above.)

NAME: _____

PHONE: () _____

ALARM COMPANY BUSINESS NAME:

PHONE: () _____

I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license.

SIGNATURE OF OWNER/REPRESENTATIVE:

TITLE: _____

DATE: _____

MAYOR'S SIGNATURE

DATE