

2025
BUSINESS LICENSE APPLICATION
 Town of Jonesville
 842 Park Street
 Jonesville, VA 24263
 Telephone (276)346-1151 Fax (276)346-1325

DUE APRIL 15, 2025

Trading As _____
 Applicant _____

Mailing Address _____
P.O. Box/Street Address City, State, Zip

Physical Address _____
Street Number & Name

Type of Business _____

Telephone #'s _____
Local Other

Federal ID # _____ Social Security # _____

Type of Business Entity (Check one)

- Sole Proprietorship **Attach copy** of Schedule C of your Form 1040 Federal income Tax Return for calendar year 2023 fiscal year.
- Partnership **Attach copy** of 1065 Federal Income Tax Return for calendar year 2024 or fiscal year. Page 1 only.
- Corporation **Attach copy** of 1120 Federal Income Tax Return for calendar year 2024 or fiscal year. Page 1 only.
- S Corp Registered Agent in Virginia: _____
- LLC Names of Corporation's Officers: _____

1. Gross Receipts: Dates: from _____ to _____	
<small>Contractors filing for one-time jobs-fee is calculated based on contract price. Sole Proprietors use line 3 of Schedule C form 1040; Partnerships use line 1c Form 1065; Corporation use line 1c Form 1120.</small>	
2. LICENSE TAX COMPUTATION:	1. _____
<small>If line 1 is less than \$20,000 enter \$30.00</small>	2. _____
<small>If line 1 is \$20,000 or more, multiply line 1 by .0015</small>	3. _____
3. PENALTY: 10% of line 2 if paid (postmarked) after April 15, 2025	4. _____
4. INTEREST: 1.5% monthly of line 2+3 if paid (postmarked) after June 1, 2025	5. _____
5. TOTAL DUE: Lines 2+3+4	

The Gross Receipts figure on line 1 of this form must be substantiated by a copy of the **gross receipts** portion only of the Federal Income Tax Return for the year gross receipts are reported, **or** a copy of a **certified audit**, or a **letter from your accountant/CPA** stating your gross receipts and the related fiscal/calendar year. In the event you have filed with the IRS an Application for Automatic Extension of Time to File Income Tax Return, please forward a copy of this form and **estimate your gross receipts** on line 1 above. However, a copy of the tax return must be forwarded when completed. **DELINQUENT BUSINESS LICENSE, PERSONAL PROPERTY, MEAL, TRANSIENT OCCUPANCY, AND/OR REAL ESTATE TAXES OWED BY THE BUSINESS TO THE TOWN MUST BE PAID PRIOR TO ISSUANCE OF A 2025 BUSINESS LICENSE.**

CERTIFICATION OF LICENSEE:
 I certify that the foregoing statements and figures are true, full and correct to the best of my knowledge and belief.

Preparer _____ Signature _____ Title _____ Date _____

Owner/ Officer _____ Signature _____ Title _____ Date _____

LICENSE ISSUED FROM THIS APPLICATION **EXPIRES APRIL 15, 2026**

TOWN OF JONESVILLE
842 PARK STREET
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