

**BUSINESS LICENSE**  
**COUNTY OF NELSON**  
**COMMISSIONER OF REVENUE**  
P. O. Box 246 • Lovington, VA 22949  
Phone 434 263-7070 • Fax 434 263-7074  
**APPLICATION FOR LICENSE**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

TRADING AS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ CORPORATION \_\_\_ LLC

\_\_\_ NEW \_\_\_ RENEW

\_\_\_ RETAIL BUSINESS


\_\_\_ PROFESSIONAL

\_\_\_ OTHER

\_\_\_ CONTRACTOR

LICENSE TAX PAID

\$ \_\_\_\_\_

NATURE OF BUSINESS	BASE	TAX	PENALTY	TOTAL TAX
		<b>30.00</b>		
I hereby certify that the information given is true and correct to the best of my knowledge.   _____ SIGNATURE OF APPLICANT PLEASE RETURN ALL 3 COPIES		This Form Must Be Filed with The Commissioner of Revenue By March 1		
		PLEASE RETURN CHECK WITH LICENSE Make checks payable to Nelson Co. Treasurer		
Building Inspectors Approval  _____ Zoning Approval  _____			LICENSE TAX  PENALTY  TOTAL TAX	

DATE BUSINESS BEGAN \_\_\_\_\_

911 ADDRESS \_\_\_\_\_

MAP # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FAX # \_\_\_\_\_

This license shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties), as shown on the application be paid to the treasurer of my county, and the fact of such payment appear on the face hereof by the signature of such treasurer hereto.

DATE \_\_\_\_\_  
 \_\_\_\_\_  
 COMMISSIONER OF THE REVENUE

DATE \_\_\_\_\_  
 \_\_\_\_\_  
 TREASURER

AMOUNT RECEIVED \$ \_\_\_\_\_