TOWN HALL
15869 KINGS HIGHWAY
P.O. BOX 126
MONTROSS, VA 22520
PH. (804)493-9623
FAX (804)493-9036
E-mail: townofmontross@verizon.net

Town Manager
PATRICIA K. LEWIS

Est. 1852

Town of Montross

NEW BUSINESS LICENSE APPLICATION

NAME OF APPLICANT: _____

BUSINESS NAME: _____

FEDERAL I.D. # (or Social Security #): _____

TYPE OF BUSINESS: ___Individual ___Corporation ___LLC ___Partnership

NATURE OF BUSINESS: (If operating a food-related business, please include a copy of your Health Dept. Certificate with this application)

___Professional ___Retail ___Service ___Wholesale

___Contractor - A B C (Circle One) License # _____

___Other

DESCRIPTION: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE #: _____ MOBILE #: _____

SIGNATURE OF APPLICANT:_____

DATE: _____

FEE: $ 30.00 CODE SECTION(S): 18.39 (a)