

Town of Narrows

P O Box 440
210 Main Street
Narrows VA 24124
(540) 726-2423

PREFERRED FORM OF COMMUNICATION:

MAIL: _____ EMAIL: _____

Business Name: _____ **Year Established:** _____

Owner: _____ Individual Firm

Business Physical Address: _____

Business Mailing Address: _____

Business Phone #: _____ **Business Fax #:** _____

Business Email: _____

Federal Tax ID / State License #: _____

Nature of Business/Professional Occupation: _____

**** MINIMUM TAX DUE WILL BE \$30.00 ****

FOR OFFICE USE ONLY

Primary License Type: _____

Retail Secondary License Type: _____

Gross Receipts: _____ **Rate:** _____ **Secondary Rate:** _____

Billed Amount: _____ **Penalty/Interest:** Yes No

Paid Amount: _____

PLEASE STAMP "PAID" BELOW

Retail Sales/Restaurant (Complete A or B)

A. Gross receipts in 2025 _____

B. Estimated Gross receipts for 2026 _____

Sale of Alcoholic Beverages (Check type of state license held)

- Retail on-premises wine and beer license
- Retail off-premises wine and beer license
- Retail on-premises beer license
- Retail off-premises beer license

Contractors

State Contractor’s Registration License # _____

Gross Receipts in 2025 _____

Professional, Financial, Real Estate Services

Gross Receipts for 2025 _____

Repair, Personal, Business, and other Services

Gross Receipts in 2025 _____

Telecommunications

Gross Receipts for 2025 _____

Itinerant Vendor/Food Truck (Check requested license below)

- One Time License **\$25**
- 3 Month License **\$75**
- Calendar Year License **\$100**

I CERTIFY THAT THE FOREGOING STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant Date

Signature of Partner (if applicable) Date

**** MINIMUM TAX DUE WILL BE \$30 ****