

2007

CITY OF SALEM LICENSE APPLICATION
 COMMISSIONER OF THE REVENUE
 LINDA M. CARROLL
 114 N. BROAD ST. • P.O. BOX 869 • SALEM, VA 24153
 PHONE – 540-375-3019 FAX – 540-375-3048
kchittum@salemva.gov
PLEASE PROVIDE AND VERIFY

2007

OWNER OR CORP

SS# OR FED. ID #

TRADE NAME

LOCATION

MAILING ADDRESS

PHONE

EMAIL ADDRESS

FAX NUMBER

RETURN BEFORE JANUARY 31, 2007

A PENALTY OF 10% OF TAX OR \$10.00, WHICHEVER IS GREATER, WILL BE ASSESSED TO ANYONE FILING AFTER THAT DATE.

DESCRIPTION		ACTUAL 2006 GROSS RECEIPTS
Amusement Service	\$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Business Service	\$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Contractor	\$30.00 first 18,750 Gross Receipts plus 16¢ per \$100 excess	
Important Contractors Attach Copies of Receipts to Other Jurisdictions & Subtract from total		
Finance	\$30.00 first 15,000 Gross Receipts plus 20¢ per \$100 excess	
Personal Service	\$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Professional Service	\$30.00 first 5,173 Gross Receipts plus 58¢ per \$100 excess	
Real Estate Service	\$30.00 first 5,173 Gross Receipts plus 58¢ per \$100 excess	
Repair Service	\$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Retail Merchants	\$30.00 first 15,000 Gross Receipts plus 20¢ per \$100 excess	
Short Term Rental	\$30.00 first 15,000 Gross Receipts plus 20¢ per \$100 excess	
Wholesale Merchants	\$50.00 first 10,000 Purchases plus 13¢ per \$100 excess	
Tobacco \$10.00 <input type="checkbox"/>	Wine & Beer On & Off \$100.00 <input type="checkbox"/>	
Wine & Beer On \$50.00 <input type="checkbox"/>	Wine & Beer Off \$50.00 <input type="checkbox"/>	
Number of Seats Approved by ABC Board for mixed beverages _____		
Solicitor \$15.00 <input type="checkbox"/>	Show & Sale \$30.00 <input type="checkbox"/>	Itinerant \$50.00 <input type="checkbox"/>
Peddler \$200.00 <input type="checkbox"/>	Supplemental _____	

IF YOU ARE NO LONGER IN BUSINESS, GIVE DATE YOU CEASED TO OPERATE DATE: _____

DO NOT SEND A CHECK WITH THIS FORM.

UPON RECEIPT OF YOUR APPLICATION, WE WILL CALCULATE YOUR TAX AND SEND YOU A BILL, PAYABLE BY MARCH 1, 2007.

ATTEST: I, the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Date

Signature of Applicant or Authorized Agent

SEE REVERSE SIDE FOR MORE INFORMATION

Print Name of Preparer