



**Town of Buchanan**

Post Office Box 205

Buchanan, Virginia 24066

**APPLICATION FOR NEW**

**BUSINESS, PROFESSIONAL, OCCUPATION LICENSE**

This application must be filed and license fee must be paid by February 15. Pen. & Int. added after Feb. 15. Please print answers for this form. NOTE - All businesses must meet and conform to all Town of Buchanan Codes and Ordinances, including the Zoning Ordinance. **Please note this is not your actual license!!!**

For Period Beginning January 1, 2022 through December 31, 2022

Business Name: \_\_\_\_\_

FEIN or Social Security Number (required): \_\_\_\_\_

Business Owner: \_\_\_\_\_

Physical Address of Business Location: \_\_\_\_\_

Mailing Address for Business: \_\_\_\_\_

Phone Number for Business: \_\_\_\_\_ Email for Business: \_\_\_\_\_

Description/Type of Business: \_\_\_\_\_

Gross Receipts: \_\_\_\_\_ License Tax: \_\_\_\_\_

Contractors (Sec. 4:1) \_\_\_\_\_

Retail Sales (Sec. 5:1) \_\_\_\_\_

Financial, Real Estate, Professional (Sec 6:1) \_\_\_\_\_

Repair, Personal, Other (Sec 7:1) \_\_\_\_\_

Wholesale Sales (Sec 8:1) \_\_\_\_\_

Miscellaneous License \_\_\_\_\_

**NOTE:** This application with completed receipt information below constitutes a license to engage in trades, occupations or professions in the Town of Buchanan for the period stated. Make checks payable to: Town of Buchanan, Post Office Box 205, Buchanan, Virginia 24066

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. I also agree to meet and conform to all Town of Buchanan Codes and Ordinances, including the Zoning Ordinance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Previous Zoning Approval – Use: \_\_\_\_\_

Zoning Approval by Zoning Administrator: \_\_\_\_\_



**TOWN OF BUCHANAN**  
Post Office Box 205  
Buchanan, VA 24066

**MONTHLY REPORT OCCUPANCY TAX**

Phone: 540-254-1212

FAX: 540-254-2609

Report for the month of \_\_\_\_\_ 20\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

**TAX CALCULATION**

- |   |          |
|---|----------|
| 1. Gross receipts from sales  | \$ _____ |
| 2. Less Receipts from a third-party website _____<br>if VRBO or another website is collecting and remitting<br>occupancy taxes, specify website and the amount. | \$ _____ |
| 3. Total Taxable Receipts (subtract line 2 from line 1)   | \$ _____ |
| 4. Tax Due (4 percent of line 3)  | \$ _____ |
| 5. Discount ( 3 percent of line 4)<br>( if remittance is not delinquent)  | \$ _____ |
| 6. Adjustment from previous month   | \$ _____ |
| 7. Net Occupancy Tax Due  | \$ _____ |
| 8. Penalty for late filing<br>(10 percent of line 7 first 30 days)  | \$ _____ |
| 9. Additional penalty<br>(For over 30 days delinquency)   | \$ _____ |
| 10. TOTAL DUE   | \$ _____ |

Date \_\_\_\_\_ Signed \_\_\_\_\_

Make all checks payable to the Town of Buchanan, P.O. Box 205, Buchanan, VA 24066.

Report Due on or before the 20<sup>th</sup> day of the following calendar month.

For information or questions please call (540) 254-1212