



Town of Mineral

Post Office Box 316
312 Mineral Avenue
Mineral, VA 23117
Phone 540-894-5100 Fax 540-894-4446
email: mineral@louisa.net

Business License Application

Name of Applicant _____	<input type="checkbox"/> Individual
Trading as _____	<input type="checkbox"/> Partnership
Mailing Address _____	<input type="checkbox"/> Corporation
Location Address _____	
Work Phone _____ Home Phone _____	

Nature of business or profession _____

The gross receipts, contracts, earnings, fees, commissions and income from operation of business from January 1, 2016 to December 31, 2016 or previous year were \$ _____

Expected gross receipts for current calendar year are \$ _____

If new business or operation has been continuous for less than one year, estimate annual gross receipts \$ _____. Date new business began _____

Premises: Water Sewer # Bathrooms ____ Showers ____
(required) (required)

Alcoholic Beverages: Retail On Off On/Off ABC Lic# _____

Vending Machines # _____ Amusement Machines # _____

Hotel # rooms _____ Lodging house # rooms _____

*New Businesses must have an entrance approved by VDOT.

I (we), the undersigned, declare under penalty of law that I (we) have examined this application and the information on it, and to the best of my (our) knowledge and belief, it is true and correct and complete.

Signed: _____ Date: _____

IMPORTANT

This form is to be filled out and returned to the office of the Town of Mineral. Your fee will be computed and a notice due will be sent.