



TOWN OF BROADWAY

P.O. Box 156
Broadway, Virginia 22815
(540) 896-5152
www.town.broadway.va.us

APPLICATION FOR TOWN BUSINESS LICENSE

Please fill out and return with payment. Your license will be mailed to you.

Applicant Name: _____

Company Name: _____

Mailing Address: _____

Business Location: _____

Telephone Number: _____

Select one:
Social Security Number: _____
Federal I.D. Number: _____

Type of company: [] Individual
[] Partnership [] Corporation

Applicant is applying for the following license:

- [] Retail [] Personal Service
[] Wholesale [] Professional
[] Contractor [] Other: _____

_____ gross receipts of above business: \$ _____
Last Year

Amount of License: \$ _____

License effective for one year from January 1 to December 31.

Oath: 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.

Signature of Applicant

Date

For Official Use Only:
License Number: _____