



**BUSINESS LICENSE RENEWAL FORM – DUE MARCH 1, 2016**

300 South Main Street  
 PO Box 90003  
 Blacksburg, Virginia 24062

[www.blacksburg.gov](http://www.blacksburg.gov)  
 Phone: (540) 961-1108  
 Fax: (540) 951-4474

[businesslicensegroup@blacksburg.gov](mailto:businesslicensegroup@blacksburg.gov)

	Business Owner/Mgr Name:
	Business Address:
	Federal Tax ID No:
	Business Phone No:

**WORKSHEET 1 FOR 2015 ADJUSTMENT: Complete only if business started AFTER January 1, 2015.**

1. Actual 2015 Gross Receipts	\$
2. Previous estimate of 2015 Gross Receipts	\$
3. Amount paid for 2015 <b>estimate gross receipts only</b> (Do not include ABC fees, coin machine or interest/penalties)	\$
4. Multiply Line "1" by the tax rate on enclosed schedule. (If Line "1" is \$50,000 or less enter amount from enclosed schedule)	\$
5. Subtract Line "3" from Line "4"- If the result is an overpayment – put in [brackets]	\$

**WORKSHEET 2 FOR 2016 LICENSE CALCULATION: All businesses complete this section.**

1. Enter 2015 Actual Gross Receipts.	\$
2. If Gross Receipts are over \$50,000 enter your tax rate from enclosed schedule.	
3. Multiply line 1 by line 2 (if applicable)	\$
4. <b>IF</b> line 1 is \$50,000 or less, enter license fee from enclosed schedule. (Otherwise enter zero)	\$
5. <b>ABC ON</b> and/or <b>OFF</b> premises and/or <b>Coin Machines</b> see enclosed schedule.	\$
6. Add lines 3 through 5	\$

**WORKSHEET 3 – TOTAL AMOUNT DUE: All businesses complete this section.**

1. Enter amount from Worksheet 1 line 5	\$
2. Enter amount from Worksheet 2 line 6	\$
3. Add line 1 and line 2. This is the total amount due. (make checks payable to the Town of Blacksburg)	\$
<b>MasterCard and Visa accepted by fax or mail only. Do not e-mail Credit Card information.</b>	
Card Number :	CVV#                      Expiration Date:
Signature:	

**I certify the above information is true and correct.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer Signature: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer Company: \_\_\_\_\_ Phone: \_\_\_\_\_