



TOWN OF ST. PAUL
P. O. BOX 66
16531 RUSSELL STREET
ST. PAUL, VA 24283

****PHOTO ID MUST BE MADE AVAILABLE FOR COPY****
****ALL BUSINESS LICENSES ARE DUE ON MARCH 1. ****

TO BE ISSUED TO: _____
TRADING AS: _____
PHYSICAL ADDRESS: _____
MAILING ADDRESS: _____

PHONE NUMBER: _____

TYPE OF BUSINESS IN DETAIL (FULL EXPLANATION OF GOODS OR SERVICES):

GROSS RECEIPTS FROM PREVIOUS CALENDAR YEAR: _____

☐ AT ANY PARTNERS OR CORPORATE OFFICERS ALONG WITH ADDRESSES AND PHONE NUMBERS:

NEW BUSINESS: _____ YES _____ NO IF YES, OPENING DATE: _____
DO YOU OWN THE LOCATION OF YOUR BUSINESS? IF NO, PLEASE PROVIDE PROPERTY OWNER CONTACT INFO.

HAVE YOU EVER HAD A BUSINESS LICENSE IN THE TOWN OF ST. PAUL? _____ YES _____ NO
IF YES, WHAT IS THE BUSINESS NAME: _____

SUFFICIENT RECORDS SHALL BE KEPT BY THIS BUSINESS TO ENABLE VERIFICATION OF THE GROSS RECEIPTS STATED
ON THIS APPLICATION. SUCH RECORDS SHALL BE MADE AVAILABLE TO THE TREASURER ON DEMAND.

I HEREBY CERTIFY THAT THE FIGURES SHOWN ABOVE ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE
AND BELIEF, AND THAT THIS IS A TRUE STATEMENT OF THE ACTIVITIES OF MY BUSINESS.
**ANY PERSON, FIRM, OR CORPORATION MAKING A FALSE STATEMENT OF THEIR GROSS RECEIPTS SHALL BE GUILTY
OF A MISDEMEANOR. **

APPLICANT SIGNATURE

**ANY CHANGES OR CORRECTIONS THAT NEED TO BE UPDATED ON THIS APPLICATION MUST BE REPORTED WITHIN
30 DAYS TO THE TOWN OF ST. PAUL. **