TOWN HALL 15869 KINGS HIGHWAY P.O. BOX 126 MONTROSS, VA 22520 PH. (804)493-9623 FAX (804)493-9036 E-mail: townofmontross@verizon.net Est. 1852

Town of Montross

Mayor TERRY A. COSGROVE

Vice Mayor JOSEPH P. KING

Council
CLINTON A. WATSON, JR.
CAROLYN K. CARLSON
BOBBY D. GREENE
ROBERT L. BARKER
KATHRYN S. WITTMAN

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Town Manager
PATRICIA K. LEWIS

## NEW BUSINESS LICENSE APPLICATION

NAME OF APPLICANT:	
BUSINESS NAME:	
FEDERAL I.D. # (or Social	Security #):
TYPE OF BUSINESS:	IndividualCorporationLLCPartnership
NATURE OF BUSINESS:	(If operating a food-related business, please include a copy of your Health Dept. Certificate with this application)
	ProfessionalRetailServiceWholesale
	Contractor - A B C (Circle One) License #
	Other
DESCRIPTION:	
PHYSICAL ADDRESS:	
MAILING ADDRESS:	
PHONE #:	MOBILE #:
SIGNATURE OF APPLICA	NT:
DATE:	
FEE: \$30.00	CODE SECTION(S):18.39 (a)