

Town of South Hill
211 South Mecklenburg Avenue
South Hill, VA 23970
Telephone No. (434) 447-3191
Business License No. (434) 447-5041
Fax No. (434) 447-5064

APPLICATION FOR BUSINESS LICENSE

Date: _____

Type of Business: _____

Trade Name: _____

Location: _____

Mailing Address: _____

Owner: _____

Social Security No.: _____

Manager: _____

Telephone No.: Business _____ **Home** _____

Identification No.: Federal _____

State _____

If Contractor, State License No.: _____
(Required Before License Issued)

Beginners License: Yes **No** **Estimated Sales Amount: \$** _____

I, the undersigned applicant swear (or affirm) that the foregoing information is TRUE and CORRECT.

Signature of Applicant

FOR OFFICE USE ONLY

Account No.: _____

C.I.F. No.: _____

Business License No.: _____