

**APPLICATION FOR
WISE COUNTY REFUSE COLLECTION LICENSE**

Calendar month of _____ Year 2020

Return To:
 COMMISSIONER OF THE REVENUE
 PO BOX 1278
 WISE, VA 24293
 (276) 328-3556

Applicant _____
Print or Type

Number and Street or Rural Route

City, Town or Post Office State Zip Code

PHYSICAL LOCATION OF BUSINESS

FED ID or Social Security Number _____

Number and Street or Rural Route

Telephone Number _____

City, Town or Post Office State Zip Code

Individual _____ Partnership _____ Corporation _____ LLC _____ **(check one)**

This license is to be obtained from the Commissioner of the Revenue, Wise, Virginia. IT IS REQUIRED THAT YOU FILE A RETURN WITH OUR OFFICE EACH YEAR ON OR BEFORE THE THIRTY-FIRST (31ST) DAY OF JANUARY.

Checks should be made payable to the Treasurer of Wise County.

| GROSS RECEIPTS FOR THE YEAR | BASIS | TAX | APPLICATION FEE | BALANCE DUE |
|-----------------------------|-------|-----|-----------------|-------------|
| | 1% | | \$25.00 | |

OATH: I, the undersigned applicant, so swear (or affirm) that the foregoing figures and statements are true, correct, and complete to the best of my knowledge and belief, and that I am authorized to file this return.

Signature of Applicant or Authorized Agent

Date

Applicant or Authorized Agent's Name (PRINT)

Title

RECEIVED ON THIS _____ DAY OF _____ YEAR _____ By _____

LICENSE

I, the Commissioner of the Revenue, do find the foregoing application in due form; therefore, licenses are this day severally granted the applicant named in the application to prosecute the businesses, employments, or professions covered by the application as indicated by the definite place or house in my County, described in the application.

BEGINNING 1/1/2020 EXPIRING 12/31/2020

This license shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties and fees), as shown on the foregoing application and hereon, be paid to the Treasurer of Wise County.

Date: _____

 Wise County Commissioner of the Revenue

RECEIVED:
 Date _____ Amount _____ By _____
Treasurer