



Town of Iron Gate, Virginia
P.O. Box 199 / 401 Commerce Avenue
Iron Gate, Virginia 24448
Phone (540)-862-0770 / Fax (540)-862-1299



**CORPORATION/BUSINESS LICENSES
TOWN OF IRON GATE, VA**

_____ Date

Name of Applicant _____
Nature of License _____
Where Prosecuted _____

License Commences _____ License Expires _____

Specific License Tax _____

**COLLECTOR'S CERTIFICATION:
Office of the Town Hall, Iron Gate, VA**

\$30.00 on first \$25,000. _____
Amount over \$25,000 + _____ =15 cents per \$100.00
Total Due = _____

Applicant Signature

According to Article 2, Sec. 2-23 of the Business License ordinance, a copy of gross receipts (tax Return, computer bookkeeping service, etc.) is due when license is paid. YOUR LICENSE WILL NOT BE GIVEN WITHOUT THIS INFORMATION.

Clerk of Council

Date

I, _____, Collector of Town aforesaid, do hereby certify that

_____ has deposited with me the amount of money required by law for prosecuting the business mentioned in the above application.

Collector

I, _____, hereby certify \$ _____ is the gross receipts for the above year.