

2020 TOWN OF HERNDON BUSINESS RENEWAL APPLICATION

License Number _____

Name

Address

City State Zip

Telephone

Fax

Email Address

Number of employees
at Herndon location

Federal Tax Id/Social Security Number

NAICS (required)

Square feet occupied in Herndon

			Gross Receipts	Tax Rate	Tax	Penalty (10% if paid after March 1 st)	Total
Section 1	Applicants in business for 12 months						
Section 2	Applicants in business for less than 12 months	Estimate					
		Actual gross receipts for 2019					
		Difference (subtract actual from estimate)					
		Estimated 2020 gross receipts					
Section 3	Coin Operated Machines	Number of Machines					
Section 4	Alcoholic Beverage per year	ABC On \$37.50 ABC Off \$37.50					
	Mixed Beverage fees per year	Seating Capacity 0-100 \$200.00 100-150 \$350.00 150 + \$500.00					

Declaration: I declare that the statements and amounts herein given are true, full and correct to the best of my knowledge and belief and that I am empowered by the firm/company to make this declaration.

Print Name and Title

Signature _____ Date _____