



# Application for Business or Professional License

## Town of Christiansburg

100 East Main Street  
Christiansburg, VA 24073-3029  
(540) 382 - 9519

HOMES 'R' US REALTY  
52 GRAND AVE  
FLORENCE, KY 41042

Account Number: **546783**  
Business Type: **BUSINESS LICENSE**

BUSINESS NAME: HOMES 'R' US REALTY  
BUSINESS DBA: HOMES 'R' US REALTY  
OWNER: JOHN SMITH  
MAILING ADDRESS: 52 GRAND AVE FLORENCE, KY 41042  
BUSINESS LOCATION: 52 GRAND AVE  
BUSINESS PHONE: 6265555351  
BUSINESS FAX: 5555555555  
CONTACT EMAIL: \_\_\_\_\_  
CONTRACTORS STATE LICENSE # AND CLASS: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

**CONTRACTORS MUST SUBMIT LIABILITY INSURANCE CERTIFICATE**

SSN OR FEDERAL TAX ID: 400058585 61-32121512

\*\*Please compute your license using the tax rate and mail your remittance with the application form complete. Tax rate base on per \$100 of gross receipts/wholesale based on gross purchases. Report applicable figure for year just ended\*\*

TAX RATE 0.00 PREVIOUS YEAR GROSS RECEIPTS \$ \_\_\_\_\_

LICENSE FEE (\$30.00 MINIMUM) \$ \_\_\_\_\_

10% PENALTY (\$10.00 MINIMUM) \$ \_\_\_\_\_

10% INTEREST PER ANNUM \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_

**DUE BY MARCH 1st**

I (we) do hereby certify that the amount returned as total gross from my Business or Profession as reported herein is true and correct, and that I am familiar with the Town Ordinance providing penalties and interest.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date