



# TOWN OF SMITHFIELD

310 Institute Street, PO Box 246, Smithfield, VA 23431

Tel: 1-(757) 365-4200 Fax: 1-(757) 357-9933

[www.smithfieldva.gov](http://www.smithfieldva.gov)

## PEDDLER'S LICENSE APPLICATION

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Property Owner/Authorized Agent: \_\_\_\_\_

Owner/Agent Phone: \_\_\_\_\_ Owner/Agent Email: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

Date(s) of Setup: \_\_\_\_\_

I, as the above-noted property owner/authorized agent, agree to allow the above-noted applicant and business to operate as a peddler on the above-noted property at the above-noted date(s).

Property Owner/Authorized Agent Signature

Date

**NOTES AND INSTRUCTION FOR APPLICANTS:** Attach to this application a completed Town of Smithfield business license application, and meals tax submission (if applicable). By signing below, you certify that you are aware of and will abide by the following:

- (1) I will not setup in a public right-of-way (ROW), and will avoid setting up within twenty-five feet (25') of the same.
- (2) I will pay the fees affiliated with this application- fifty dollars (\$50) per day of operation, or five-hundred dollars (\$500) a year, if the food truck will operate on the same premises for more than ten (10) days each fiscal year.
- (3) If I relocate to a property where I do not possess a peddler's license, I will submit a new application and/or fee.
- (4) Before commencing operations, I will contact the Virginia Department of Health at 1-(757)-357-4177.
- (5) All attachments to this application are true and inclusive of all details of the proposed operation(s) at the property/properties in question.

Applicant Signature

Date

### TOWN STAFF ONLY

☐ Approved

☐ Denied

Conditions/Explanations/Notes \_\_\_\_\_

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Town Staff Signature (for Ellen Minga, Town Treasurer)

Date

# TOWN OF SMITHFIELD BUSINESS LICENSE FOR 20\_\_\_\_\_

P.O. BOX 246  
SMITHFIELD, VIRGINIA 23431

LICENSE NO. \_\_\_\_\_

PHONE 757-365-4200

The undersigned applicant hereby applies for a license to conduct the following trade, occupation, profession, business and business transaction as listed:

Business Category (See back): \_\_\_\_\_ beginning \_\_\_\_\_ 20\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail (Optional) \_\_\_\_\_

Trading as: \_\_\_\_\_

Fed I.D. or Social Security Number

Address of activity: \_\_\_\_\_

The trades, occupations, professions, business and business transactions for which a license is desired are indicated by the extension of taxes as follows:

	BASIS	TAX
Who was in business throughout 20____		
Gross receipts or purchases for 20____ (Applicant's records)	\$	\$
Who began after January 1, 20____		
Estimated gross receipts or purchases for 20____	\$	\$
Alcoholic Beverages	\$	\$
Total Taxes prescribed by Law		\$
Penalties		\$
Interest		\$
Total taxes, penalties, interest and fees		\$

OATH: I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

DATE \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TREASURER'S OFFICE

MAIL ALL 3 COPIES BACK FOR SIGNATURE OF TREASURER'S OFFICE AND LICENSE NUMBER.

## INFORMATION

**Sec. 10-5** All license taxes payable under this chapter shall be due and payable on January 15 of each year, and, if not paid by April 15 of the year for which assessed, a penalty of 10% of the amount of the license tax shall be imposed and interest in the amount of 10% per annum on the unpaid balance of the tax shall be charged; provided, that the trade, avocation, occupation, profession, employment, business transaction or calling is one which is being engaged in, or conducted, on January 1 of that year. If, after January 1 of any year the activity is begun, the person beginning the same shall obtain his license and pay the tax when beginning business. **A copy of your tax return showing gross sales is required.**  
**NO REFUND ON MINIMUM BUSINESS LICENSE OF \$30 OF ANY CATEGORY.**

**Sec. 10-18 ALCOHOLIC BEVERAGES-RETAIL**

Each mixed alcoholic beverage license .....	200.00
Seating capacity up to 100 persons .....	350.00
Seating capacity for more than 100 not more than 150 persons .....	500.00
Seating capacity for more than 150 persons .....	25.00
Each On premise beer license .....	25.00
Each Off premise beer license .....	37.50
Each Off premise wine and beer license .....	75.00
Each On and Off premise wine and beer license .....	

**Sec. 10-19 TELEPHONE OR TELEGRAPH CO.** — The license tax on each telephone or telegraph company shall be 1/2 of 1% of gross receipts, except that charges for long distance telephone calls shall not be considered as a part of such gross receipts.

**Sec. 26-42 WATER AND HEAT, LIGHT AND POWER COMPANIES** — The license tax on each corporation furnishing water or heat, light and power, whether by means of electricity or gas, shall be 0.5 percent of gross receipts accruing from sales to the ultimate consumer.

**Sec. 10-21 COIN-OPERATED MACHINES**— The license tax on each operator, (person, firm or corporation, selling, leasing, renting or otherwise furnishing such a device), shall be \$200. This tax shall apply to an operator when any such coin-operated machine or device operated on the coin-in-the-slot principle of such operator is located within the Town of Smithfield.

**Sec. 10-30 CONTRACTORS**— The license tax on each person engaged in contracting shall be either (1) \$30.00 or (2) .10¢ per \$100 of gross receipts up to \$1,500,000, and .06 2/3¢ (.06666¢) per \$100 of gross receipts over \$1,500,000, **whichever is greater.**

**Sec. 10-40 RETAIL SALES**— The license tax on each person engaged in retail sales shall be either (1) \$30.00, or (2) .12¢ per \$100 of gross receipts up to \$1,500,000, and .08¢ per \$100 of gross receipts over \$1,500,000, **whichever is greater.**

**Sec. 10-49 WHOLESALERS**— The license tax on each wholesaler shall be \$30.00 or .05¢ per \$100 of purchases, **whichever is greater.**

**Sec. 10-56 Professional services**— The license tax on each person engaged in financial, real estate and professional services shall be either (1) \$30.00 or (2) .35¢ per \$100 of gross receipts up to \$1,500,000, and .23 1/3¢ (.23333¢) per \$100 of gross receipts over \$1,500,000, **whichever is greater.**

**Sec. 10-66 REPAIR**— The license tax on each repair, personal and business services and all other businesses and services not specifically enumerated or excepted in this chapter shall be either (1) \$30.00, or (2) .20¢ per \$100 of gross receipts up to \$1,500,000, and .13 1/3¢ (.13333¢) per \$100 of gross receipts over \$1,500,000, **whichever is greater.**

**TOWN OF SMITHFIELD**  
P.O. BOX 246  
SMITHFIELD, VA 23431  
CHECKS PAYABLE TO: TOWN OF SMITHFIELD  
MEALS TAX

I HEREBY CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE CORRECT.

\_\_\_\_\_  
SIGNATURE

ALCOHOLIC BEVERAGE AND FOOD RECEIPTS	
TAX ON ABOVE @ 6.25	
PENALTY	
INTEREST	
<b>TOTAL TAX DUE</b>	

**TOWN OF SMITHFIELD, VA**  
MEALS TAX  
-OFFICE COPY-

THIS RETURN MUST BE FILED BY THE 20TH OF THE MONTH FOLLOWING THE CALENDAR QUARTER FOR WHICH TAX IS DUE TO AVOID PENALTY AND INTEREST.

DO NOT DETACH

NET TAX PAYABLE	
PENALTY AND INTEREST	
TOTAL	

FOR:

TRANSACTION NO.	DATE PAID	AMOUNT PAID
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**TOWN OF SMITHFIELD, VA**  
MEALS TAX  
-CUSTOMER COPY-

WHEN PROPERLY VALIDATED, THIS IS A RECEIPT

DO NOT DETACH

FOR:

TOTAL TAX \_\_\_\_\_

TRANSACTION NO.	DATE PAID	AMOUNT PAID
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VALID ONLY FOR AMOUNT RECEIPTED BY TOWN TREASURER NOTE: IF CHECK IN PAYMENT IS NOT HONORED BY BANK THIS RECEIPT IS VOID





# TOWN OF SMITHFIELD

*"The Ham Capital of the World"*

## APPLICATION FOR REGISTRATION TAX ON PREPARED FOOD AND BEVERAGES

Legal Business Name \_\_\_\_\_ SSN/FEIN \_\_\_\_\_

Trade Name \_\_\_\_\_

Class \_\_\_\_\_

Restaurant, Caterer, Convenience Store, Other

Owner \_\_\_\_\_

Business Location Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Persons Responsible for Filing Returns:

Name: \_\_\_\_\_ Title \_\_\_\_\_

Date Started Business \_\_\_\_\_

The undersigned certifies that this information is true and accurate to the best of his/her knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Any person violating or failing to comply with any provision to the Tax on Prepared Food and Beverages Ordinance as provided shall, upon conviction thereof, be guilty of a Class 3 Misdemeanor. Conviction of such violation shall not relieve any person from payment, collection, or remittance of the tax provided by this Ordinance.

### TREASURER'S OFFICE & UTILITY BILLING

310 Institute Street, P.O. Box 246 • Smithfield, VA 23431 • (757) 365-4200 • Fax (757) 365-4286  
www.smithfieldva.gov • Local Cable Channel 6