



Town of Montross

2026 BUSINESS LICENSE APPLICATION

NAME OF APPLICANT: _____

BUSINESS NAME: _____

FEDERAL I.D. #: _____

TYPE OF BUSINESS: ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership

NATURE OF BUSINESS: (If operating a food-related business, please include a copy
of your Health Dept. Certificate with this application)

☐ Professional ☐ Retail ☐ Service ☐ Wholesale
☐ Contractor – A B C (Circle One) License # _____

DESCRIPTION: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ MOBILE PHONE #: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

FEES: LICENSE - \$30 FOOD VENDOR W/ALCOHOL - \$67.50

FOOD VENDOR W/MERCHANDISE - \$60.00 FOOD VENDOR W/MERCHANDISE & ALCOHOL - \$97.50

FEE AMOUNT: \$ _____

CODE SECTION(S): 18.39(a)