



**Town of Burkeville
204 W. Nunnally St.
P.O. Box 277
Burkeville, VA 23922
434-767-4095
townofburkeville@gmail.com**

BUSINESS LICENSE REGISTRATION FORM

Name of Business: _____

Owner: _____

Location of Business: _____

Type of Business: _____

Mailing Address:

Telephone number: _____

Type of Ownership: _____
(Individual – Partnership-Corporation)

If Corporation, Name of President: _____

Date Started: _____

Signature: _____

Title: _____

Date: _____

***Please make checks payable to The Town of Burkeville**