



# Caroline County Commissioner of the Revenue

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## Caroline County-Vendor License Application

Owner's Name\*: \_\_\_\_\_  
Mailing Address\*: \_\_\_\_\_  
City/State/Zip\*: \_\_\_\_\_

**-Please complete all required fields (\*)**  
**-Vendor license renewal applications and payments are due by March 1st of each year to avoid a late payment penalty**

A OWNER/BUSINESS INFORMATION			
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation		<input type="checkbox"/> LLC	
<input type="checkbox"/> Other			
Business Name*			Date Started*
Physical Address*			
SSN*	Fed. ID #*	VA Sales Tax #	
Business Phone #*	Cell #*	Fax #	
Web Address		Event Title*	
Email		Check Box to receive renewals/notifications by Email: <input type="checkbox"/>	
Business/Product Description*			
Alternate Contact Name*		Alt. Contact #*	
<input type="checkbox"/> VA Bazaar		<input type="checkbox"/> Meadow Event Park	
<input type="checkbox"/> State Fair		<input type="checkbox"/> Caroline County Fair Grounds	
<input type="checkbox"/> Other: _____			
Number of Booths in Service	General Retail Sales? <input type="checkbox"/> YES <input type="checkbox"/> NO	Food or Beverage Sales? <input type="checkbox"/> YES <input type="checkbox"/> NO	
File a VA consolidated tax report? <input type="checkbox"/> YES <input type="checkbox"/> NO	Exempt from Federal Taxes? <input type="checkbox"/> YES <input type="checkbox"/> NO	Exemption #	

**\*REPORTING OF VIRGINIA SALES TAX:** When reporting sales tax each month to the Department of Taxation, please use Caroline County's locality code **51033**. This information is used to allocate local sales revenue to Caroline County

B Gross Receipt and Payment Calculations	
1. Enter Prior Year Gross Receipts or for a new business enter Yearly Estimate	\$ _____
2. Category name	Itinerant Merchant
3. Rate	.0015
4. Net Tax (if 1 is < or = \$20,000 enter \$30.00)-(if 1 is > \$20,000 enter 1 X 3)	\$ _____
5. Late Payment Penalty (10% of Net Tax or \$10, whichever is greater)	\$ _____
6. Total Payment (4+5) <b>Make checks payable to Treasurer, Caroline County</b>	\$ _____

**-Application and payment is due prior to event to avoid a Penalty**  
**-The \$30 minimum fee is non-refundable**  
**-If you are DISPLAY ONLY no fees apply**

**I hereby declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Account # \_\_\_\_\_

Received Date: \_\_\_/\_\_\_/\_\_\_ Issued Date: \_\_\_/\_\_\_/\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_