

Town of Clintwood
Sewer Adjustment Request/ Pool

Customer Name _____

Account No. _____

Date Pool was filled / Gallons of Water _____

Customer Signature _____

Date _____

OFFICE:

Request Received by _____

Amount Adjusted _____

Date Adjusted _____

**TOWN OF CLINTWOOD
BUSINESS LICENSE APPLICATION
FOR YEAR 2024**

Business Name: _____

Street Address of Business: _____

Mailing Address: _____

Telephone Number: _____

Applicant's Name: _____

Applicant's Address: _____

Telephone Number: _____

TYPE OF BUSINESS LICENSE APPLYING FOR:

___ Contracting or Construction \$30 or .15 cents per \$100 gross receipts whichever is greater

___ Retail sales \$30 or .15 cents per \$100 whichever is greater

___ Financial, Real Estate or Professional Services \$30 or .20 cents per \$100 whichever is greater

___ Repair, Personal or Business Service \$30 or .15 cents per \$100 whichever is greater

___ Other (Specify) _____

Estimate of _____ gross receipts or preceding year's gross receipts
_____. Enclose a copy of the most recent schedule C or another comparable federal
document.

AMOUNT OF LICENSE TAX FOR JAN 1, 2024, THROUGH DEC 31, 2024 is \$ _____

ANY SPECIAL CONDITIONS OR REQUIREMENT, IF ANY, UNDER WHICH LICENSED
ACTIVITY SHALL BE CONDUCTED: _____

I certify that the statements and figures set forth on this application are true to the best of my knowledge.

Signature of Applicant

To avoid late penalty charge of 10%, renew your license by March 31, 2024. Return application and fee to:
TOWN OF CLINTWOOD, PO BOX 456, CLINTWOOD, VA 24228 (QUESTIONS: CALL 276-926-8383)

**TOWN OF CLINTWOOD
P.O. BOX 456
CLINTWOOD, VIRGINIA 24228
276-926-8383**

PAYMENT FORM FOR THE TOWN OF CLINTWOOD MEALS TAX

Business Name: _____
Remitter Name: _____

This payment is for the month of _____, 20_____

PART A:

**Total receipts for food and or beverages as outlined in the
Town of Clintwood Meals Ordinance:** _____

Meals Tax (7% of Town of Clintwood food & beverage sales) X 7% _____

TOTAL MEALS TAX COLLECTED _____

PART B:

Total Meals Tax Collected (Part A): _____

**Business Commission for Collecting the Meals Tax
(This is 3% of the Meals Tax Collected) X 3%** _____

TOTAL BUSINESS COMMISSION FOR COLLECTION _____

PART C:

Total Meals Tax Collected (Part A): _____

Less-Total Business Commission (Part B): _____

TOTAL TAX PAYABLE TO THE TOWN OF CLINTWOOD _____

Please make checks payable to:

**Town of Clintwood
P.O. Box 456
Clintwood, VA 24228**

**Payment is due by the 15th day of the following month.
Should you have any questions, please call 276-926-8383.**

07/2023

**TOWN OF CLINTWOOD
TRANSIENT OCCUPANCY TAX
MONTHLY REPORTING FORM**

Company Name: _____

Address: _____

City/State: _____

Reporting Month: _____

1. GROSS SALES \$ _____

2. LESS AUTHORIZED EXEMPTIONS _____

3. NET SALES SUBJECT TO
TRANSIENT OCCUPANCY TAX
(LINE 1 MINUS LINE 2) _____

4. TAXABLE RATE 7% _____ 7%

5. TOTAL TAX DUE TO TOWN OF
CLINTWOOD (LINE 3 X LINE 4) _____

I THE UNDERSIGNED REPRESENTATIVE DO HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE THIS IS A TRUE, CORRECT AND COMPLETED FORM.

SIGNATURE

DATE

07/2023

WATER LEAK ADJUSTMENT REQUEST

CUSTOMER NAME _____

ACCOUNT NO. _____

NATURE OF LEAK _____

DATE LEAK REPAIRED AND REPLACED BY _____

CUSTOMER SIGNATURE _____

DATE _____

OFFICE:

REQUEST RECEIVED BY _____

AMOUNT ADJUSTED _____

DATE _____

TOWN OF CLINTWOOD

Application For Water Service or Water, Sewer and Garbage Service Owners and Renters

Date: _____

Customers Name, _____, known as the Customer, requests the Town of Clintwood, owner of the water system, to supply water service or water, sewer and garbage service to the premises at (Physical Location)_____.

The following information is required before service can be turned on.

Owner of property: _____

Last person that lived at location: _____

Customer's SSN: _____

Copy of Customer's Driver's License: _____

Phone Number: _____

Mailing Address: _____

Additional contact person & Phone No.: _____

Name of any other person other than the customer that information may be given to: _____

By signing below I understand that my service will be disconnected if bill is not paid by the 20th of each month. Also, I have been given a copy of the Rules and Regulations for Water, Sewer and Garbage Service with the Town of Clintwood. If this account goes to collection I will be responsible for court costs and attorney fees associated with collection.

Customer

Customer

Water Deposit Amount: _____

Location Number: _____

Date Water Deposit Returned: _____

Check Amount & No. to Town for Final Bill: _____

Utility Bill Account No.: _____

Check Amount and No. to Customer After Final Bill Paid: _____

Name if check issued to any one else other than customer: _____

TOWN OF CLINTWOOD
PO BOX 456
CLINTWOOD VIRGINIA 24228

CIGARETTE STAMPS ORDER FORM
TEN (10) CENTS PER PACK

<u>NUMBER OF STAMPS</u>	<u>COST</u>	<u>DISCOUNT</u>	<u>PURCHASE AMOUNT</u>
1,000	\$ 100.00	\$ 6.00	\$ 94.00
15,000	\$ 1,500.00	\$ 90.00	\$ 1,410.00
30,000	\$ 3,000.00	\$ 180.00	\$ 2,820.00

FUSION STAMPS (15,000 PER ROLL) _____

PRESSURE SENSITIVE STAMPS _____

\$.10 PER STAMP

\$.006 DISCOUNT RATE- PER STAMP OF THE FACE VALUE

NUMBER OF ROLLS REQUESTED: _____

NUMBER OF PRESSURE SENSITIVE STAMPS: _____

X _____ PRICE PER ROLL OR
NUMBER OF STAMPS

= _____ AMOUNT TO BE
REMITTED WITH
YOUR ORDER

MAIL STAMPS TO FOLLOWING ADDRESS: _____

NAME OF BUSINESS CIGARETTES SOLD TO: _____