

**COUNTY OF NORTHAMPTON
APPLICATION FOR LICENSE TAX ON
PERSONS ENGAGED IN SELLING
PISTOLS AND REVOLVERS TO THE PUBLIC**

APPLICANTS NAME _____

ADDRESS _____

TELEPHONE _____

NAME AND ADDRESS OF BUSINESS _____

TELEPHONE _____ FAX / E-MAIL _____

DEPARTMENT OF THE TREASURY
TAX
BUREAU OF ALCHOL, TOBACCO &
FIREARMS REGISTRATION NUMBER

VIRGINIA STATE SALES AND USE
REGISTRATION NUMBER

OATH

**I, THE UNDERSIGNED, DO SWEAR AND /OR AFFIRM THAT THE
FOREGOING STATEMENTS ARE TRUE, FULL AND CORRECT
TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

SIGNATURE OF APPLICANT

RECEIPT OF _____ PAYMENT HEREBY ACKNOWLEDGED

COMMISSIONER OF THE REVENUE