



Town of Herndon Business Renewal Amended Application

FOR OFFICE USE ONLY:	
Bill #: _____	Revenue Clerk: _____ (initial/date)

Tax Year Amending: _____

License Number: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Telephone: _____ Email Address: (required) _____

Federal Tax Id or Social Security Number: _____ NAICS Code: _____

**** Submit financial statements to justify the amounts being amended ****

Sections	Details	Gross Receipts	Tax rate	Tax (Multiply Gross Receipts by Tax Rate)	Penalty (10% if paid after March 1 st)	Total
Section 1	Gross Receipts Previously Submitted					
	Amended Gross Receipts					
	Difference (previous from amended)					
Section 2	# of Coin operated machines _____		See tax rate schedule			
Section 3	Alcoholic beverages (beer/wine on and off premises)		Flat fee: ABC on = \$37.50 ABC off = \$37.50 ABC on & off = \$75			
Section 4	Mixed Beverages fees		Seating capacity 0-100 = \$200 100-150 = \$350 150+ = \$500			
						Total due: _____

Declaration: I declare that the statements and amounts herein given are true, full, and correct to the best of my knowledge and belief. I am empowered by the firm/company to make this declaration.

Print name and title: _____

Signature: _____ Date: _____