

Date business began in Vienna \_\_\_\_\_ Federal ID # (FIN or EIN) \_\_\_\_\_  
 Trade name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Corporate Name \_\_\_\_\_  
 Owner(s) or corporate president \_\_\_\_\_

Business: \_\_\_\_\_ Business Type:  
 Street \_\_\_\_\_ Individual \_\_\_ Partnership \_\_\_  
 City/State/Zip \_\_\_\_\_ Corporate \_\_\_ Limited liability \_\_\_

Mailing Address: \_\_\_\_\_ VA Sales Tax #: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Business Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Description of Business: \_\_\_\_\_

The Town of Vienna requires all new businesses to send a copy of their registration of trade name and/or a copy of their state certificate, when BPOL application is submitted. The license will **not** be issued until we receive these forms.

A. Estimated gross amount (from the date the business began in Vienna to December 31)	
B. If Line A. is \$50,000 or less, enter the tax amount of \$30,00 Skip to line F	
C. If line A. is greater than \$50,000, divide the gross amount by \$100	
D. Appropriate tax rate from the rate chart	
E. 2010 estimated taxes (Line C. times Line D.)	
F. Enter tax from Line B. or E.	
G. Flat fee license if applicable	
H. Alcoholic beverage fee (see rate chart) ABC #	
I. Mixed beverage fee (see rate chart) Seating capacity	
J. TOTAL 2010 Tax DUE (sum of Line F. through Line I.)	
K. ADD 10% Penalty if filing is more than 30 days after beginning date of business. Minimum penalty = \$3.00	
L. TOTAL 2010 TAX AND PENALTY	
M. ADD %10 per annum interest on tax and penalty (.00833 x number of months late x Line L.	
N. TOTAL TO BE PAID TO TOWN OF VIENNA	

**THIS APPLICATION IS FOR BUSINESSES STARTING IN THE TOWN OF VIENNA, VIRGINIA ON JANUARY 1, 2010 THROUGH DECEMBER 31, 2010.** Business license renewal forms are mailed around the end of January. Renewal applications are due March 1. Failure to receive forms does not relieve the taxpayer of the obligation to file on time.

I declare the statements herein are true to the best of my knowledge and belief.

Signature of Owner or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

TOWN USE ONLY  
 Ord Section \_\_\_\_\_ Rate \_\_\_\_\_ Occupancy \_\_\_\_\_ Business Lic # \_\_\_\_\_ Vending sticker # \_\_\_\_\_  
 Functions \_\_\_\_\_ TOWN TREASURER \_\_\_\_\_