

ACCOUNT ID # _____

Town of Vienna, 127 Center St S, Vienna VA 22180

703-255-6321

Date Business Began in Vienna: _____ Federal ID (FIN or EIN) _____

Trade Name: _____ Social Security# _____

Corporate Name: _____ VA Sales Tax# _____

Owner(s) or Corporate President: _____

Business Street Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Home Address: _____

Business Phone: _____

Description of Business: _____

Business Type:
 Individual Partnership
 Corporation Limited Liability

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 the 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 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. 2019 estimated taxes (Line C x Line D)	
F. Enter tax from Line B or Line E	
G. Flat fee license if applicable (see rate chart)	
H. Alcoholic beverage fee (see rate chart) ABC #	
I. Mixed beverage fee (see rate chart) seating capacity	
J. TOTAL 2019 TAX DUE (Sum of Line F through Line I)	
K. ADD 10% penalty if filing is more than 30 days after the beginning date of business. Minimum penalty is \$ 3.00	
L. TOTAL 2019 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 BUSINESS STARTING IN THE TOWN OF VIENNA, VIRGINIA ON JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. 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 that 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 Cert # _____ Business Lic # _____ Functions _____

Business Professional and Occupational License Questionnaire

1. Trade Name of Business: _____
2. Corporate/Partnership/LLC Name Registered with the State Corporation
Commission: _____
3. Business Location: _____ Phone Number: _____
4. Number of Persons Employed at this Location: _____ Fax Number: _____
5. E-mail: _____ Website: _____
6. Name of Person responsible for filing the enclosed BPOL application _____
Date of Birth: _____ Title: _____ Phone Number: _____
7. If Business Operates from Leased Premises:
 - (a). Annual Rent for 2019 \$ _____
 - (b). Name/Address/Phone Number of Owner of Premises: _____

8. Provide a detailed description of business activity conducted within the Town of Vienna: _____
_____ NAICS Code: _____
9. Contractors, Builders & Developers, please fill out the Contractor's Certification of Workers' Compensation Liability form (61-A) and return with:
State License #: _____ Expiration Date: _____
10. Home Address (for Individual Businesses) If different from Business Location: _____
_____ Phone # _____
11. Name, Title and Phone Number of person who filled out this Questionnaire:
Name: _____ Title: _____ Phone # _____