

APPLICATION FOR TOWN BUSINESS, PROFESSIONAL AND/OR OCCUPATIONAL LICENSE
 In accordance with Vienna Town Code Sec. 8.3 (Code 1962)

TOWN OF VIENNA, VIRGINIA

DEPARTMENT OF FINANCE
 127 CENTER STREET, SOUTH
 VIENNA, VIRGINIA 22180
 (703) 255-6321
 WWW.VIENNAVA.GOV

This form will be made available in large
 print or on audio cassette upon request.
 TTY 711

2019 YEAR
 Gross Receipts for prior calendar year
 ORD#

BUSINESS NAME

| | |
|---------------------|--|
| BUSINESS OWNER ID # | |
| ACCOUNT ID # | |
| VERIFY AND UPDATE | |
| VA SALES TAX # | |
| FED TAX # | |
| CO# | |

RENEWAL

FORM MUST BE RETURNED BY THE FIRST BUSINESS DAY OF MARCH 2019 TO AVOID PENALTY AND INTEREST
 BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED

Include payment, signed form completed FRONT AND BACK, list of renters and VWC form 61A if applicable
 PLEASE MAKE ANY CHANGES OR CORRECTIONS ON THIS PRE-PRINTED FORM

CALCULATION OF GROSS RECEIPT TAX

| | |
|--|-----------------------|
| A. Enter 2018 GROSS RECEIPTS from Line 12 (BACK OF FORM) | \$ |
| B. If Line A. is \$50,000 or less, enter \$30.00 and proceed to line F. | \$ |
| C. If Line A is more than \$50,000 enter Line A amount divided by 100 \$ _____ | |
| D. Appropriate rate (from rate chart) \$ _____ | |
| E. 2019 Gross receipts tax (Line C. times Line D.) | \$ |
| F. Flat fee license if applicable (see rate chart) | \$ |
| G. Alcoholic beverages (see rate chart) | \$ |
| H. Mixed Beverages (see rate chart) | \$ |
| I. TOTAL 2019 TAX DUE (Sum of lines B, E, F, G, H) \$30 Minimum | \$ |
| J. Add 10% penalty if filing after March 1st, 2019 | \$ |
| K. TOTAL 2019 TAX AND PENALTY (Line I & J) | \$ |
| L. 10% per annum interest on tax & penalty (.00833 x number of months late x Line K.) | \$ |
| M. Balance due from prior year | \$ |
| N. TOTAL TO BE PAID TO TOWN OF VIENNA (Line K, L, M) | \$ |
| Date Business Ceased (if Applicable): | Gross Receipts: \$ |
| Name Address of Successor (if Any): | |

**SIGN BELOW OR FORM IS NOT VALID
 LICENSE IS NOT TRANSFERABLE**

RETAIN A COPY FOR YOUR RECORDS

I declare that the statement and figures herein given are true, complete, full
 and correct to the best of my knowledge and belief.

 SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

BUSINESS MAILING ADDRESS

BUSINESS NAME / BUSINESS ADDRESS

Vienna Business Professional and Occupational License Questionnaire/Worksheet Questionnaire

| | |
|---|--|
| 1. Trade Name of Business | |
| 2. What kind of Entity is this Business? (circle) Individual General Partnership Limited Partnership Corporation Limited Liability Company | |
| 3. Corporate / Partnership / LLC Name Registered with the State Corporation Commission | |
| 4. Business Location Phone Number Fax Number | |
| 5. Number of Persons Employed at this Location | |
| 6. Name of Person responsible for filing the application - Title - Date of Birth - Email Address - Phone Number | |
| 7. Home address and phone if different from Business Location For Individual Business Only | |
| 8. Name, Title and Phone number of person who filled out this Questionnaire. | |
| 9. If you rent the business premises, provide the name and address of landlord Amount of Annual Rent: _____ | |

Tax Worksheet

| | |
|---|--|
| 10. Actual Gross Receipts from 2018 | |
| 11. If included in Gross Receipts, Subtract: | |
| Virginia State Sales Tax Deduction | |
| Excise Tax Deduction | |
| Meals Tax Deduction | |
| Gross Receipts on which Business License taxes were paid to another jurisdiction (if included in #10 above, provide backup) | |
| Any other Deductions (provide backup) | |
| 12. GROSS RECEIPTS SUBJECT TO TOWN TAXES (Enter on front of form Line A.) | |