

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

**TOWN OF VIENNA, VIRGINIA**

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

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

**RENEWAL**

BUSINESS OWNER ID #	
ACCOUNT ID #	
<b>VERIFY AND UPDATE</b>	
VA SALES TAX #	
FED TAX #	
CO#	

2020 YEAR  
 Gross Receipts for prior calendar year  
 ORD#

**BUSINESS NAME**

**FORM MUST BE RETURNED BY THE FIRST BUSINESS DAY OF MARCH 2020 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 2019 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)	\$ _____	
<b>E. 2020 Gross receipts tax (Line C. times Line D.)</b>	<b>\$</b>	
F. Flat fee license if applicable (see rate chart)	\$	
G. Alcoholic beverages (see rate chart)	\$	0.00
H. Mixed Beverages (see rate chart)	\$	0.00
<b>I. TOTAL 2020 TAX DUE (Sum of lines B, E, F, G, H)</b>	<b>\$30 Minimum</b>	<b>\$</b>
J. Add 10% penalty if filing after March 1st, 2020	\$	
<b>K. TOTAL 2020 TAX AND PENALTY (Line I &amp; J)</b>	<b>\$</b>	
L. 10% per annum interest on tax & penalty (.00833 x number of months late x Line K.)	\$	
M. Balance due from prior year	\$	
<b>N. TOTAL TO BE PAID TO TOWN OF VIENNA (Line K, L, M)</b>	<b>\$</b>	
Date Business Ceased (if Applicable):	<b>Gross Receipts:</b>	\$
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 2019	
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. <b>GROSS RECEIPTS SUBJECT TO TOWN TAXES</b> (Enter on front of form – Line A.)	