



2024 APPLICATION FOR BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE NEW BUSINESS

ACCOUNT ID # _____

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

703-255-6321

Date Business began/will begin in Vienna:		Federal ID (FIN or EIN):	
Trade Name of Business:		Social Security# (SSN):	
Corporate Name:		Virginia Sales Tax #:	
Owner(s) or Corporate President Name:			
Business Street Address:			
City, State, Zip Code:			
Business Mailing Address:			
City, State, Zip Code:			

The Town of Vienna requires all new businesses to send a copy of their EIN certificate and VA sales Tax certificate, if applicable, when the BPOL application is submitted. A license will not be issued until we have received these forms.

Please complete the worksheet below to determine your estimated tax for a 2024 Town of Vienna Business License.

A. Estimated gross receipts amount (from the date the business began in Vienna to December 31, 2024)	
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. 2024 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 # <input style="width: 150px;" type="text"/>	
I. Mixed beverage fee (see rate chart) (Seating capacity <input style="width: 100px;" type="text"/>)	
J. TOTAL 2024 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 2024 TAX AND PENALTY	
M. ADD 10% per annum interest on tax and penalty* (.0083 x number of months late x Line L)	
N. TOTAL TO BE PAID TO TOWN OF VIENNA	

***To calculate interest:** Month 1 begins on the first day after this application is due, interest then accrues on the 1st day of each subsequent month.

Complete and sign on back

Vienna Business Professional and Occupational License Questionnaire

1. Trade Name of Business: _____		
2. What kind of Entity is this Business? (check all that apply)		
<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Home-based
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Non-Profit Organization
3. Corporate / Partnership / LLC Name Registered with the State Corporation Commission: _____		
4. Business' Vienna Street Address: _____		
Business' Website: _____		
Name and Title of Person responsible for filing this application: _____		
_____ (Title)	Phone Number: _____	Date of Birth: _____ (Name)
Email Address: _____		
5. If you rent the business premises, provide the name and address of landlord. _____		
Amount of Annual Rent: \$ _____ Square Footage of rented space: _____		
6. Number of Full-Time Employees at this Location: _____ Number of Part-Time Employees: _____		
7. Home address and phone if different from Business Location (For Individual Business Only) _____		
8. Name and Title of person who completed this Questionnaire: _____		
Phone Number: _____ Email Address: _____		
9. Provide a detailed description of business activity conducted within the Town and the appropriate NAICS Code: _____		
_____ NAICS Code: _____		
10. Contractors, Builders & Developers, please submit a copy of your Workers' Compensation acknowledgment of compliance.		
State License #: _____ Expiration Date: _____		

THIS APPLICATION IS FOR BUSINESSES STARTING IN THE TOWN OF VIENNA, VIRGINIA ON **JANUARY 1, 2024** THROUGH **DECEMBER 31, 2024**. 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: _____