

APPLICATION FOR TOWN BUSINESS, PROFESSIONAL AND/OR OCCUPATIONAL LICENSE

In accordance with Vienna Town Code Sec. 8.3 (Code 1962)

TOWN OF VIENNA. VIRGINIA

2024 YEAR Gross Receipts for prior calendar year ORD# 8-11

BUSINESS NAME/ADDRESS

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

LICENSE ID#	
ACCOUNT ID#	
VERIFY AND UPDATE	
VA SALES TAX #	
FED TAX#	
NAICS CODE	
CO#	

RENEWAL

FORM MUST BE RETURNED BY THE FIRST BUSINESS DAY OF MARCH 2024 TO AVOID PENALTY AND INTEREST **BOTH SIDES OF THIS APPLICATION MUST BE COMPLETED**

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

A. Enter 2023 GROSS RECEIPTS from Line 11 (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. 2024 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 2024 TAX DUE (Sum of lines B, E, F, G, H) \$30 Minimum	\$
J. Add 10% penalty if filing after March 1st, 2024	\$
K. TOTAL 2024 TAX AND PENALTY (Line I & J)	\$
L. 10% per annum interest on tax & penalty (.0083 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):	

LICENSE IS NOT TRANSFERABLE

SIGN BELOW OR FORM IS NOT VALID

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

RETAIN A COPY FOR YOUR RECORDS

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

BUSINESS MAILING ADDRESS

BUSINESS NAME / ADDRESS

Vienna Business Professional and Occupational License Questionnaire/Gross Receipts Worksheet

1. Trade Name of Business:			
2. What kind of Entity is this Busines:	s? (check all that apply)	☐ Home-based	
☐ Individual	☐ Limited Partnership	☐ Limited Liability Company	/
☐ General Partnership	☐ Corporation	☐ Non-Profit Organization	
3. Corporate / Partnership / LLC Nan	ne Registered with the State	Corporation Commission:	
4. Business' Vienna Street Address:			
Business' Website:			
Name and Title of Person respons	ible for filing this application:	: (Name)	
(Tilip)	Phone Number:	Date of Birth:	
Email Address:			
5. If you rent the business premises,			
Amount of Annual Rent: \$	Square F	ootage of rented space:	
6. Number of Full-Time Employees a	t this Location:	Number of Part-Time Employees: _	
7. Home address and phone if different	ent from Business Location (F	For Individual Business Only)	
8. Name and Title of person who con	npleted this Questionnaire:		
Phone Number:	Email Address:		
	Tax Workshee) [
9. Actual Gross Receipts from 2023			
10. If included in Gross Receipts, Sub	tract:		
Virginia State Sales Tax Deduction	١		
Excise Tax Deduction			
Meals Tax Deduction			
Gross Receipts on which Business another jurisdiction (if included in	•		
Any other Deductions (provide bac	ckup)		
11. GROSS RECEIPTS SUBJECT TO (Enter on front of form – Line A.)	TOWN TAXES		