

TOWN OF OCCOQUAN 314 Mill Street - P.O. Box 195 Occoquan, Virginia 22125 (703) 491-1918 - info@occoquanva.gov

APPLICATION FOR BUSINESS LICENSE MARCH 1, 2023 - FEBRUARY 28, 2024 The information provided on this form is confidential under VA Code §58.1-3.

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BUSINESS ENTITY NAME:		If	New Business
Sole Proprietorship LLC PLLC	Partnership Lim	ited Partnership C	orporation
OTHER TRADE NAMES USED: If the applicant is a business entity, give the state v			
TYPE OF BUSINESS:			
FEDERAL I.D. NUMBER (or Social Security Numl *Providing a Social Security Number is voluntary. The T			a. Code § 58.1-521.
BUSINESS STREET ADDRESS:		_ P.O. BOX(OCCOQUAN, VA 22125
MAILING ADDRESS (if different):			
BUSINESS PHONE:	EMERGENO	CY PHONE:	
EMAIL ADDRESS:			
BUSINESS OWNER'S NAME(S) **	TITL		
**If the business is organized as a limited partnership, n	ame the general partner.	I haraby cartify that the	. f. II
Financial Services Professional Occupation Real Estate Services Hotel, Motels, Lodging, Etc. Repair, Personal, Business, or Other Ser Retail Merchant Contractors, Builders, Developers Wholesale Merchant	TAX RATE \$100 of Gross Receipts .33 .33 .33 .26 vices .20 .20 .16 .05	correct*: (Town Code §111 Annual Gross Receip Divided by 100 Multiplied by Tax Ra = License Tax License Fee = Total Amount Owe *New businesses must enter an	s s s s s s s s s s s s s s s s s s s
(Please specify) per Financial Services Professional Occupation Real Estate Services Hotel, Motels, Lodging, Etc Repair, Personal, Business, or Other Sermant Contractors, Builders, Developers	\$100 of Gross Receipts .33 .33 .33 .26 vices .20 .20 .16 .05	correct*: (Town Code §111 Annual Gross Receip Divided by 100 Multiplied by Tax Ra = License Tax License Fee = Total Amount Owe *New businesses must enter ar ** Effective July 1, 2023, all a licensing fee per Town Code §	s 30.00 d \$ estimate of first year gross receipts pplications are subject to a \$30 111.10(c)

FOR OFFICE USE ONLY
License Fee: \$_____ Check No: _____ Use Approved by Z/A on: ______
License Tax: \$_____ Cash Receipt No.: ____ Cert of Occ Issued by PWC:

Penalty (if any): \$_____ Health Dept. Approval Issued by PWC: _____

Interest: \$_____

Total Paid: \$_____ Date Paid: _____ By: _____