



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

The information provided on this form is confidential under VA Code §58.1-3.

APPLICATION FOR BUSINESS LICENSE
 MARCH 2024 TO FEBRUARY 2025
 MARCH 1, 2024, OR PRIOR TO START OF BUSINESS

BUSINESS NAME: _____

BUSINESS ENTITY NAME: _____

Sole Proprietorship LLC PLLC Partnership Corporation Other

OTHER TRADE NAMES USED: _____

If the applicant is a business entity, give the state where it was organized: _____

TYPE OF BUSINESS: _____

FEDERAL I.D. NUMBER (or Social Security Number* if sole proprietorship): _____

*Providing a Social Security Number is voluntary. The Town uses SSN's for the Set-off Debt Collection Act, Va. Code § 58.1-521.

BUSINESS STREET ADDRESS: _____ P.O. BOX _____ OCCOQUAN, VA 22125

MAILING ADDRESS (if different): _____

BUSINESS PHONE: _____ EMERGENCY PHONE: _____

EMAIL ADDRESS: _____ BUSINESS WEBSITE: _____

BUSINESS OWNER'S NAME(S) **

TITLE

**If the business is organized as a limited partnership, name the general partner.

BUSINESS CLASSIFICATION (Please specify)	TAX RATE per \$100 of Gross Receipts
<input type="checkbox"/> Financial Services	.33
<input type="checkbox"/> Professional Occupation	.33
<input type="checkbox"/> Real Estate Services	.33
<input type="checkbox"/> Hotel, Motels, Lodging, Etc.	.26
<input type="checkbox"/> Repair, Personal, Business, or Other Services	.20
<input type="checkbox"/> Retail Merchant	.20
<input type="checkbox"/> Contractors, Builders, Developers	.16
<input type="checkbox"/> Wholesale Merchant	.05

Exceptions:

Photographers with no regularly established place of business in the Commonwealth - **\$10.00** (Code of Virginia §58.1-3727)

Savings and loan associations and credit unions **-\$50.00** (Code of Virginia §58.1-3730)

Massage Establishment Permit: Use Tax Rate Other Services .20 and pay **-\$25.00** Massage Establishment Permit Fee (Town Code §112.28)

Special license tax: See Town Code §§ 111.35 through 111.41

I hereby certify that the following information is correct*: (Town Code §111.11(c))

Annual Gross Receipts \$ _____
 Divided by 100 \$ _____
 Multiplied by Tax Rate \$ _____
 = License Tax \$ _____
 + License Fee** \$ 30.00
 = Total Amount Owed \$ _____

*New businesses must enter an estimate of first year gross receipts.

** Effective July 1, 2023, all applications are subject to a \$30 licensing fee per Town Code § 111.10(c)

 Signature Title Date

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: _____