



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

THE INFORMATION  
 PROVIDED ON THIS FORM  
 IS CONFIDENTIAL UNDER  
 VA CODE §58.1-3.

2018 APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: \_\_\_\_\_

Check Box  
 If New Business

BUSINESS ENTITY NAME: \_\_\_\_\_

\_\_\_ Sole Proprietorship \_\_\_ LLC \_\_\_ PLLC \_\_\_ Partnership \_\_\_ Limited Partnership \_\_\_ Corporation

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 from above): \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ EMERGENCY PHONE #2: \_\_\_\_\_

BUSINESS OWNER'S NAME(S) \*\* TITLE Last 4 SS NO.

\_\_\_\_\_  
 \_\_\_\_\_

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

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

**I hereby certify that the following information is correct\*\*\*:** (Town Code §14-47(c))  
 Annual Gross Receipts \$ \_\_\_\_\_  
 (Multiplied by) Tax Rate \$ \_\_\_\_\_  
 = License Fee \$ \_\_\_\_\_  
 The minimum fee, per Town Code §14-46, is \$30.00, unless otherwise exempted by the Code of Virginia. All applications are subject to audit.  
 \*\*\* Certification is not required from beginners.

- 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 Processing Fee **-\$25.00** (Town Code §14-194)  
 \_\_\_ Special license tax: See Town Code §§ 14-91 through 14-99

\_\_\_\_\_  
 Signature Title Date

FOR OFFICE USE ONLY			
License Fee	\$ _____	Check No: _____	Use Approved by Z/A on: _____
Penalty (if any)	\$ _____	Cash Receipt No.: _____	Cert of Occ Issued by PWC: _____
Interest:	\$ _____		
Total Paid	\$ _____	Date Paid: _____	By: _____