



# TOWN OF MIDDLEBURG

10 W MARSHALL STREET  
P.O. BOX 187  
MIDDLEBURG, VA 20118  
540-687-5152  
www.middleburgva.gov

FOR OFFICE USE:  
License No. \_\_\_\_\_  
License Fee \_\_\_\_\_  
Penalty \_\_\_\_\_  
Total \_\_\_\_\_  
Date Issued \_\_\_\_\_

## APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

1. APPLICANT'S NAME \_\_\_\_\_
2. BUSINESS/TRADE NAME \_\_\_\_\_
3. LOCATION ADDRESS\*\*\* \_\_\_\_\_
4. MAILING ADDRESS \_\_\_\_\_
5. DESCRIPTION OF BUSINESS \_\_\_\_\_
6. SOCIAL SECURITY # OR FEDERAL ID # \_\_\_\_\_
7. CONTRACTOR'S CLASS OR CLASS B LICENSE# \_\_\_\_\_
8. PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_
9. EMAIL ADDRESS: \_\_\_\_\_
10. DATE BUSINESS STARTED IN MIDDLEBURG \_\_\_\_\_
11. BUSINESS TYPE:   \_\_ Corporation   \_\_ Partnership   \_\_ Sole Proprietor   \_\_ LLC

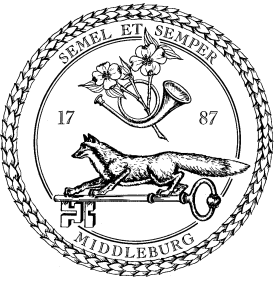
<b>See Tax Calculation Instruction Sheet</b>
1. Category Name _____
2. Estimated Gross Receipts _____
3. Tax Rate _____
4. Flat Tax - ABC/OTHER _____
5. Total Amount Due _____

I (We) do hereby certify that the information given and the amount (s) herein reported as gross receipts from this business or profession are true and correct and that I am familiar with the town ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in the application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant \_\_\_\_\_ Phone number \_\_\_\_\_  
(If different from above business #)

\*\*\*If the business is physically located in the Town, a Zoning Occupancy Permit is also required.



# ***TOWN OF MIDDLEBURG***

## **Loudoun County, Virginia**

Type of Business	Minimum Fee	Tax Rate per \$100 Of Gross Receipts
Business Service Occupation	\$30.00	\$0.22
Contractors	\$30.00	\$0.12
Financial Service	\$30.00	\$0.23
Itinerant Merchant		\$500/year
Personal Service Occupation	\$30.00	\$0.22
Professional Service	\$30.00	\$0.23
Real Estate	\$30.00	\$0.23
Repair Service Occupation	\$30.00	\$0.22
Retail (includes Restaurants)	\$30.00	\$0.15
Savings & Loan Assoc./Credit Unions	\$30.00	\$50/year
Wholesale	\$30.00	\$0.05
Telephone, Water, Heat, Light and Power Companies	½ of 1% of Gross Receipts of such Company accruing from sales to ultimate consumer within the corporate limits of the Town.	
Vendors/Craftsmen Selling at Limited Community and/or Church Events (As defined in Town Code Section 97-2)		\$10/day
<b>Alcoholic Beverages License Tax:</b>		
Retail On – Premises Wine and Beer	\$ 37.50	
Retail Off – Premises Wine and Beer	\$ 37.50	
Retail On – Premises Beer	\$ 25.00	
Retail Off – Premises Beer	\$ 25.00	
Mixed Beverages – Seating capacity 50 -100 persons	\$200.00	
- Seating capacity 100-150 persons	\$350.00	
- Seating capacity over 150 persons	\$500.00	

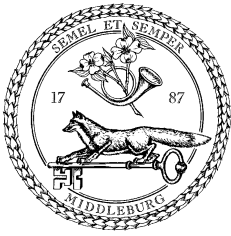
A private non-profit club operating a restaurant located on the premises of such club - \$350.00

For businesses that begin after January 1 of license year estimate your gross receipts from start of business to end of license year and enter under estimated gross receipts.

New Business License for Contractors: Fee based on amount of job over \$25,000.

\*\*\*Zoning Occupancy Permit for Business - \$100.00

**Make checks payable to “Town of Middleburg”**



**TOWN OF MIDDLEBURG**  
10 West Marshall Street, PO Box 187  
Middleburg, Virginia 20118-0187  
540-687-5152 FAX 540-687-3804

Application # ZO \_\_\_\_\_

### ZONING OCCUPANCY PERMIT

Proposed Use: \_\_\_\_\_ Size (sq. ft.) of occupancy: \_\_\_\_\_

If applicable: Business Name: \_\_\_\_\_

Former Use: \_\_\_\_\_

Other Existing Uses: \_\_\_\_\_ Size (sq. ft.) of other uses: \_\_\_\_\_

Site Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Zoning District: \_\_\_\_\_ In Historic District?:  Yes  No # Off-street Parking spaces \_\_\_\_\_ / \_\_\_\_\_  
required provided

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

Prop. Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ email: \_\_\_\_\_

I, as owner or authorized agent for the above-referenced parcel, do hereby request a zoning location permit for the activity described herein and as shown on the attached plat, plan and/or specifications. I agree to construct this project in strict compliance with the approved plans and to comply with the conditions of this permit and all other applicable requirements of Middleburg development regulations:

Owner signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

#### OFFICE USE ONLY

Date Filed: \_\_\_\_\_ Fee amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Permit #: ZO \_\_\_\_\_

Other Required Approvals or Fees Due: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator

**THIS PERMIT EXPIRES ONE YEAR FROM THE APPROVAL DATE  
IF THE AUTHORIZED USE OR ACTIVITY IS NOT COMMENCED AS APPROVED.**