

STEPS FOR COMPLETING BUSINESS LICENSE APPLICATION

It is suggested that you visit the offices in the order listed.

PART #1: Fill in all information in the top section of the form as accurate and detailed as possible. This information is needed for each office to appropriately review your application and provide information specific to the type and location of the business.

Part #2: **Step 1:** Visit the Planning & Zoning Office first, located on the third floor of the Municipal Building, 400 South Main Street. The zoning staff will determine if your chosen location is zoned appropriately for the business you plan to conduct and discuss various other requirements for sign, building, home occupation, etc. permits. The zoning administrator's approval and/or issuance of a permit are required before you can apply for a building permit from the Culpeper County Building Official. Fees may apply.

Step 2: The Building Official's Office, located at 302 North Main Street (rear entrance). The Building Official will review the building code requirements pertaining to the use category for your business. An inspection of the building or space you plan to occupy may be required.

Step 3: Go to the Commissioner of the Revenue at 151 North Main Street, for the county and state tax, withholding, and registration forms.

Step 4: Go to the Circuit Court Clerk's Office of the Courthouse, (2nd floor) if your business is *not* incorporated to file a certificate of fictitious name. This certificate is required if you will be operating under a name other than your legal name as required by Section 59.1-69 of the Code of Virginia.

Step 5: If you will be preparing, selling, or serving food, operating a day care facility, or providing lodging, you may need to obtain a health permit from the Culpeper County Health Department, located on Laurel Street, next to the hospital.

Step 6: Contact the Town Treasurer's Office, located in the Municipal Building, 400 South Main Street, for information on connecting utilities, cross-connection inspections, and trash disposal fees.

PART #3: Once you have received written approval from each office for each required step to operate your business in town, return this application to the Town Clerk's Office with your *estimated gross receipts figure* for each business classification your business requires. This figure is an estimate and should cover the portion of the current calendar year your business will be open (i.e., if you open on April 5, your gross receipts should be for the period of April 5 through December 31 of the current calendar year).

When your application is returned, you will be advised of your appropriate business license tax classification, tax rate, and cost of your business license(s). In order to expedite the issuance of your license(s) you may wish to leave a check in payment of the fees.

NOTICE TO BUSINESS OWNER:

This is NOT an all-inclusive list of requirements for operating a business. The business owner is responsible for complying with all laws and regulations associated with owning and operating a business, notifying the affected offices of any ownership or address change and if the office ceases to operate within the town limits.

TOWN OF CULPEPER

400 S. Main Street, Suite 105, Culpeper, VA 22701 ♦ 540-829-8240 ♦ 540-829-8249 Fax

APPLICATION FOR BUSINESS LICENSE

PART 1: FOR PERIOD BEGINNING _____, _____, 2018, **AND EXPIRING DECEMBER 31, 2018**

() Individual () Partnership () *Corporation () *Limited Liability Company
*Copy of Certificate Required

_____ APPLICANT NAME OR CORPORATION	_____ FEDERAL ID NO.
_____ BUSINESS TRADE NAME	_____ PHYSICAL BUSINESS ADDRESS* <i>*Change of Address Form is required if business relocates</i>
_____ MAILING ADDRESS	_____ CITY, STATE AND ZIP CODE
_____ TELEPHONE NUMBER	_____ EMERGENCY CONTACT NAME & NUMBER

DESCRIPTION OF BUSINESS TO BE CONDUCTED AT ABOVE LOCATION:

PART 2

Approvals Received:

- PLANNING/ZONING** (400 S Main, Ste 301, 829-8260)
•Zoning, sign permit, use permit, home occupation, former use..... _____
- BUILDING OFFICIAL** (302 N Main Street, 727-3405)
•Mixed/change of use..... _____
- COMMISSIONER OF REVENUE** (151 N Main St, 727-3443)
•State and county tax forms..... _____
- CIRCUIT COURT CLERK** (135 W Cameron Street, 727-3438)
•Assumed name statute per §59.1-69 of State Code..... _____
- COUNTY HEALTH DEPARTMENT** (Laurel Street, 829-7350)
•Health permit (if required)..... _____
- TOWN TREASURER'S OFFICE** (400 S Main, Ste 109, 829-8220)
•Utility service, cross connections, trash disposal..... _____

PART 3: TO BE COMPLETED BEFORE RETURNING FORM TO CLERK'S OFFICE FOR PROCESSING

My estimated gross receipts for the category(ies) listed below through December 31 are: (separate figure for each category)

Contracting (\$.08/\$100)	\$ _____
Retail (\$.10/\$100)	\$ _____
Fin/Real Est/Prof. Serv. (\$.29/\$100)	\$ _____
Rep/Pers/Bus./Other Serv. (\$.18/\$100)	\$ _____
Wholesale (\$.04/\$100)	\$ _____
Public Service/Utility (\$.04/\$100)	\$ _____

These figures should be as close as possible to the gross (before expenses) revenue you expect the business to generate from the date you open through December 31 of the year you open.

OATH: I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief and understand the owner is responsible for notifying the affected offices if the ownership or address changes or the business is discontinued.

SIGNATURE: _____ **TITLE** _____ **DATE** _____

PRINT NAME: _____