



**DUMFRIES, VIRGINIA**  
 John Wilmer Porter Municipal Building  
 17739 Main Street, Suite 200  
 Dumfries, Virginia 22026  
 703-221-3400

www.dumfriesva.gov

Taxes current  Yes  No

date stamp

paid stamp

**2022 BUSINESS LICENSE RENEWAL APPLICATION**

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Location/Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Manager or \_\_\_\_\_

Other Local Representative for the Business

Mailing \_\_\_\_\_

Federal ID or SSN #: \_\_\_\_\_

Address: \_\_\_\_\_

VA Sales Tax Registration #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you the Owner of the Property?

If not, please provide the Yes  No

following:

Prop. Owner's Name: \_\_\_\_\_

Prop. Owner's Address: \_\_\_\_\_

Prop. Owner's Phone Number: \_\_\_\_\_

Prop. Owner's Email: \_\_\_\_\_

Date Began in Dumfries: \_\_\_\_\_

Business Description: \_\_\_\_\_

Company Website: \_\_\_\_\_

Provide business entity registration with Virginia State Corporation Commission.

**ADDITIONAL INFORMATION REQUIRED FOR REPAIR, REMOVAL, CONSTRUCTION, OR IMPROVEMENT CONTRACTORS**

To be issued a license for a contractor/home improvement business, you must provide the license number and a copy of a valid Virginia Class A, B, or C Contractor's License issued in your business name by the Board for Contractors.

Virginia Contractor's License Number: \_\_\_\_\_ Class 'A' Class 'B' Class 'C'

All contractors must also complete a *Contractor's Certificate of Workers' Compensation Insurance*. Code of Virginia 58.1-3714 prohibits a county or town from issuing or reissuing a business license to a contractor who has not obtained or is not maintaining workers' compensation coverage for his employees if such coverage is required.

***I certify that I am in compliance with the provisions of the VA Workers Compensation Act & I will notify the Town of Dumfries if this coverage lapses during the period that this license is in effect. I hereby swear (or affirm) that the statements are true, full, and correct to the best of my knowledge.***

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Complete the following only if applicant is a Virginia-based contractor with a principal office in a jurisdiction other than the Town of Dumfries:

If not in the Town of Dumfries Virginia jurisdiction where is the principal office located: \_\_\_\_\_

Does the locality impose a local business license tax? Yes No

Type of Business License Applying For:	Tax Rate:
Personal or Business Services, Repair	\$50.00 or .18 per \$100, whichever is greater
Retail Sales	\$50.00 or .125 per \$100, whichever is greater
Financial, Real Estate, or Professional Services	\$50.00 or .29 per \$100, whichever is greater
Construction	\$50.00 or .092 per \$100, whichever is greater
Prime Government Contractor Receiving Identifiable Federal Appropriations for R&D as Defined in FAR 31.205-18(a)	\$100.00 or .03 per \$100, whichever is greater
Non-Profit / Tax Exempt	\$0
Other	

**Existing Businesses:** Previous Year's Gross Receipts: \_\_\_\_\_

Amount of License Tax for January 1 through December 31 is: \$ \_\_\_\_\_

**Return Application to: Town of Dumfries - 17739 Main Street, Suite 200 - Dumfries, VA 22026**

*I certify that the statements, figures, and amount stated as gross receipts from my business are true and correct and I have made no deductions except income on which I have paid business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and grounds for license revocation, including making false or fraudulent statements in this application. I certify that the above business name is the same as reported on documents filed with State and Federal Governments. I understand my business income tax returns and other documents may be inspected to verify gross income or other business data.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Contact name and phone number for use by Town Police in case of an emergency at your business location:**

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

Phone Number: \_\_\_\_\_

**To avoid late penalty, renew your business license by March 1, 2022.**

**If you have any questions regarding this application, please contact**  
[towntaxesandrevenue@dumfriesva.gov](mailto:towntaxesandrevenue@dumfriesva.gov).