



DUMFRIES, VIRGINIA

17755 Main Street
Dumfries, Virginia 22026-2386
703-221-3400

www.dumfriesva.gov

date stamp
Taxes current <input type="checkbox"/> Yes <input type="checkbox"/> No

paid stamp

2014 BUSINESS LICENSE APPLICATION

Business Name _____ Mailing Address _____

Phone _____

Location Address: _____ (circle one:) Dumfries, VA 22026 Triangle, VA 22172

Federal ID# or Social Security #: _____ Date business began in _____

VA Sales Tax Registration #: _____ Dumfries: _____

- Business type:
- Corporation
 - Partnership
 - Sole Proprietorship
 - LLC

Description of business:

Name of manager or other local representative responsible for the company: _____

To receive emails from the Town for businesses, write email address here: _____ Company Website: _____

Type of Business License Applying For:	Tax rate
<input type="checkbox"/> Personal or Business Services, Repair	\$30.00 or .19 per \$100.00 whichever is greater.
<input type="checkbox"/> Retail Sales	\$30.00 or .135 per \$100.00 whichever is greater.
<input type="checkbox"/> Financial, Real Estate, or Professional Services	\$30.00 or .30 per \$100.00 whichever is greater.
<input type="checkbox"/> Construction	\$30.00 or .102 per \$100.00 whichever is greater.
<input type="checkbox"/> Prime government contractor receiving identifiable federal appropriations for R&D as defined in FAR 31.205-18(a)	\$100.00 or .03 per \$100.00 whichever is greater.
<input type="checkbox"/> Other (specify:)	

New businesses: Estimate of gross receipts: _____

Existing businesses: 2013 actual gross receipts: _____

Provide a copy of the most recent schedule C or other comparable federal document showing 2013 actual gross receipts. Licenses cannot be issued without back-up, verifying gross receipts for previous year.

Amount of License Tax for January 1 through December 31, 2014 is: \$ _____

Return Application Town of Dumfries
and make fee 17755 Main Street
payable to: Dumfries, VA 22026

TURN OVER FORM TO SIGN ON BACK

A copy of the State Corporation Commission registration is required along with your application, or, if the business is not registered with the state, a copy of a Fictitious Name Certificate issued by the Clerk of the Circuit Court of Prince William County is required.

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 the 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

To avoid late penalty, renew your business license by March 1. Late penalty interest is calculated at 10% per annum on tax and penalty.

CONTRACTORS ONLY

Please note: All contractors must provide a copy of their Virginia State Contractors license with this application and must have valid Workers Compensation coverage in effect for the time period covered by this license. Failure to have proper coverage will cause your license to be revoked.

I certify that I am in compliance with the provisions of the Virginia Workers Compensation Act and 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

The following information requested is for informational purposes only, and is not required for your business license application to be processed.

Number of employees of the business employed in the Town: _____

Number of Town residents employed included in the above number: _____

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

Name: _____ Phone number: _____