

County of Dinwiddie

Office of the Commissioner of the Revenue

Lori K. Stevens
Commissioner of the Revenue

P.O. Box 104 Dinwiddie, VA 23841
Phone: (804) 469-4500 Ext 4 • Fax: (804) 469-4548
Email: lstevens@dinwiddieva.us Web: www.dinwiddieva.us

Business License Application Checklist

To apply for your Dinwiddie County Business License, completion of the following steps are required as applicable to the nature of your business. Processing times are based on whether or not we have all the required documentation to proceed. Please allow up to 5 business days to process.

- **All delinquent business license, real estate, personal property, meals, transient occupancy and admissions taxes owed by the business must be paid prior to issuance of Business License**

The following document copies are required for all businesses:

- LLC, Corporation, Partnership or Fictitious Name Certificate www.cis.scc.virginia.gov
- Confirmation of Federal Employer Identification Number (if not using SSN) www.irs.gov
- Business License Zoning Compliance Form (Building/Zoning Dept. approval required, approval may take up to 5 business days)
- Business Tangible Personal Property, Machinery and Tools List
- Full payment of Business License tax due at time of application

Please provide the documents below pertaining to the nature of your business:

Contractors (Resident & Non-Resident)

- Worker's Compensation Certification www.workcomp.virginia.gov
- DPOR license www.dpor.virginia.gov
- Contractor's Affidavit Notarized (if you are not licensed by the Virginia Board of Contractors)
- List of Subcontractors

Retail/Wholesale Businesses

- Virginia Sales Tax Certification www.tax.virginia.gov
- State ABC License www.abc.virginia.gov
- Virginia Dept. of Agriculture and Consumer Services www.vdacs.virginia.gov

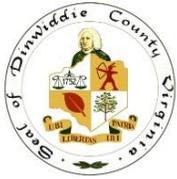
Personal, Business, Repair Service

- County/State Health Certification www.dhp.virginia.gov
- Virginia Sales Tax Certification www.tax.virginia.gov
- Department of Social Services License www.dss.virginia.gov
- Motor Carrier Certification www.safer.fmcsa.dot.gov
- Any other County/State Licensing Document not listed

Professional, Financial, Real Estate Services

- Department of Health Professions License www.dhp.virginia.gov
- Department of Behavioral Health License www.dbhds.virginia.gov
- Any other County/State Licensing Document not listed

Please note: The nature of your business may require monthly filings and taxes such as Admissions Tax, Meals Tax, Transient Occupancy Tax and/or Sales Tax. It is your responsibility to ensure we have all the required documents needed to process your Business License Application.



Dinwiddie County, Virginia
Lori K. Stevens, COMMISSIONER OF THE REVENUE
 P.O. Box 104 • Dinwiddie, VA 23841
 Phone: 804.469.4500, option 4
 Fax: 804.469.4548 www.dinwiddieva.us

Account #:

Tax Year:

Application for County Business, Professional and Merchants License

| | |
|--|--|
| FEIN/SSN: Applicant: Trade Name: Description of Business: | Mailing Address: Business Address: Phone Number: Email: |
|--|--|

Please attach all required documents pertaining to your specific business type

Type of License:

Tax Schedule:

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Contractor | (.14/\$100 of gross receipts) |
| <input type="checkbox"/> Direct Seller – Retail | (.16/\$100 of gross receipts) |
| <input type="checkbox"/> Direct Seller – Wholesale | (.05/\$100 of gross receipts) |
| <input type="checkbox"/> Retail Merchant | (.16/\$100 of gross receipts) |
| <input type="checkbox"/> Personal, Business, Repair Service | (.30/\$100 of gross receipts) |
| <input type="checkbox"/> Professional, Financial, Real Estate | (.45/\$100 of gross receipts) |
| <input type="checkbox"/> Wholesale Merchant, Peddler Wholesale | (.05/\$100 of gross receipts) |

Type of Entity:

- | |
|---|
| <input type="checkbox"/> LLC |
| <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership |

| Type of License | Rate | Estimated Gross Receipts Jan 1 – Dec 31 | | Total Tax or Fee |
|---|------|--|-------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| Alcoholic Beverages: <input type="checkbox"/> Mixed <input type="checkbox"/> Beer | | ABC#: | Fee (See Reverse) | |

**Make check payable to Treasurer, Dinwiddie County and mail to:
 P.O. Box 104, Dinwiddie VA 23841**

TOTAL AMOUNT DUE

It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter. (Code Va. Sec. 58.1-11)

OATH: * By submitting this Assessment, I the undersigned do swear or affirm under penalty of perjury that (1) I agree with the description of the "Type of License" and understand the limits of this Business License, (2) I must notify the office of the Commissioner of the Revenue if this business activity changes in any way or relocates, (3) the figures and statements herein are true, complete, and correct to the best of my knowledge and belief, and (4) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign, (5) Furthermore, it is the applicant's responsibility to confirm with the County's Planning Department that the location listed above is properly zoned for the licensable activities being conducted there.

Signature of person who is authorized and filed

Print Name and Title

Date

LICENSE FEES

GROSS RECEIPTS LESS THAN \$50,000

| <u>Gross Receipts Range</u> | <u>Flat Fee</u> |
|-----------------------------|-----------------|
| 0 - \$10,000.00 | 0 |
| \$10,001.00 - \$25,000.00 | \$25.00 |
| \$25,001.00 - \$50,000.00 | \$50.00 |

This fee schedule applies to the TOTAL gross receipts and in ADDITION to the Tax Schedule listed on the front

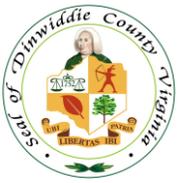
BPOL Required for Non-Resident Contractors with gross receipts of \$25,001.00 or more,
the above license fee/tax schedule applies

| <u>License Classification</u> | <u>Flat Fee</u> |
|--|-----------------|
| Manufacturer Distillers (other than beer and wine) | \$300.00 |
| Winery License | \$150.00 |
| Brewery and/or Bottler License (separate classifications) | \$300.00 |
| ABC – Druggist | \$10.00 |
| ABC - Retailers, Hotels, Restaurants, Clubs, or within the enclosure of baseball parks or similar places | \$20.00 |
| Mixed Alcoholic Beverages, Restaurants: | |
| • Seating capacity at tables for 50-100 persons | \$200.00 |
| • Seating capacity at tables for 100-150 persons | \$350.00 |
| • Seating capacity at tables for 150+ persons | \$500.00 |
| • Private, non-profit club operating a restaurant located on premises of club serving mixed | \$350.00 |
| ABC Permit for single event sales (ABC LICENSE REQUIRED) | \$5.00 |
| Itinerant Vendors, Merchants and Mechanics | \$500.00 |
| Peddlers | \$500.00 |
| Peddlers Defined License: for sale of edible supplies (perishable nature), Christmas trees & firewood | \$25.00 |
| Photographers | \$30.00 |
| Vehicle Racing Tracks | \$500.00 |
| Massage Parlors | \$5,000.00 |
| Bondsmen (License from the Department of Criminal Justice Services Required) | \$100.00 |
| | |

| <u>Examples</u> | <u>Gross Receipts</u> | <u>Flat Fee/Rate Calculation</u> | <u>Business License Fee Due</u> |
|--------------------------|--|--|--|
| Resident Contractor | \$86,000 | \$50,000 = \$50 (Flat Fee) \$86,000-\$50,000 = \$36,000 \$36,000 x .14 = \$50.40 (Rate) | \$50 + \$50.40 = \$100.40 (Flat) + (Rate) = Total |
| Retail Merchant with ABC | \$22,000 | \$25 + \$20 (ABC Retailer) | \$45 |
| Repair Service & Retail | \$305,000 \$230,000 Repair \$25,000 Retail | \$50,000 = \$50 (Flat Fee) \$305,000-\$50,000 = \$255,000 \$230,000 x .30 = \$690.00 (Rate) \$25,000 x .16 = \$40.00 (Rate) | \$50 + \$690.00 + \$40.00 = \$780.00 |

NOTICE OF RIGHT OF APPEAL AND PROCEDURES

Any person assessed with a local license tax as a result of an appealable event has the right to file an administrative appeal of the assessment. The appeal must be: (1) filed within one year from the last day of the tax year for which such assessment is made, or within one year from the date of the appealable event, whichever is later, and (2) sent to—Dinwiddie County Commissioner of the Revenue, P. O. Box 104, Dinwiddie VA 23841. For more info, including specific appeal procedures, required content, etc., go to www.dinwiddieva.us or VA Code § 58.1-3703.1 *et seq.*



LORI K. STEVENS
COMMISSIONER OF THE REVENUE
 DINWIDDIE COUNTY
 P.O. Box 104
 Dinwiddie, VA 23841-0104
 Email: commish@dinwiddieva.us
 Tel: 804-469-4500 opt. 4
 Fax: 804-469-4548

DINWIDDIE COUNTY
RETURN OF TANGIBLE PERSONAL PROPERTY
 (Code of Virginia Section 58.1-3518)
BUSINESS EQUIPMENT ONLY
FILING DEADLINE: MARCH 2ND

Business Name and Address:

Return To:

COMMISSIONER OF THE REVENUE
DINWIDDIE COUNTY
PO BOX 104
DINWIDDIE VA 23841-0104

| | |
|---|--|
| ACCOUNT NUMBER | |
| FEIN/Taxpayer Social Security Number | |
| Co-Taxpayer Social Security Number | |
| Business Start Date In Dinwiddie | |

| | |
|-------------------------------------|--|
| Business Cease Date | |
| Physical Address of Property | |
| Nature of Business | |
| Business Email Address | |

PLEASE READ INSTRUCTIONS (FRONT AND BACK) CAREFULLY BEFORE COMPLETING.

1. BUSINESS FURNITURE, FIXTURES, EQUIPMENT, & TOOLS:

- A. Report below the total original cost of **all** furniture, equipment, trade fixtures, hand power tools, office machines, business/mobile telephones, books, signs, and **all** other tangible property used in business, including those fully depreciated.
- B. Report below vehicles or mobile offices used for business.

PLEASE ATTACH MOST RECENT DEPRECIATION SCHEDULE (Form 4562)

A. OWNED tangible personal property, equipment, or tools used to operate your business, owned as of January 1st in Dinwiddie County.
LIST BELOW OR ATTACH AN ITEMIZED LIST

| Year Acquired | Personal Property | Original Cost | Year Acquired | Personal Property | Original Cost |
|---------------|-------------------|---------------|---------------|-------------------|---------------|
| 1. | | | 12. | | |
| 2. | | | 13. | | |
| 3. | | | 14. | | |
| 4. | | | 15. | | |
| 5. | | | 16. | | |
| 6. | | | 17. | | |
| 7. | | | 18. | | |
| 8. | | | 19. | | |
| 9. | | | 20. | | |
| 10. | | | 21. | | |
| 11. | | | 22. | | |

B. VEHICLE OR MOBILE OFFICE USED FOR BUSINESS USE

| YEAR | MAKE/MODEL | VIN # | LENGTH/WIDTH | DATE PURCHASED | ORIGINAL COST |
|------|------------|-------|--------------|----------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

If necessary, please attach a sheet for any additional mobile homes/offices. **CERTIFICATION**
DECLARATION: "I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief."
NOTE: It is a misdemeanor for any person to willfully subscribe a return which he does not believe to be true and correct as to every material matter.
 (Code of Virginia Section 58.1-11). Please list additional tangible personal property on an attached sheet.

Signature: _____ Title: _____ Telephone #: _____ Date: _____

DINWIDDIE COUNTY BUSINESS LICENSE ZONING COMPLIANCE CHECKLIST

Applicants: Please complete the questionnaire below. The Dinwiddie County Zoning Department will use this information in reviewing zoning requirements for the business. The Zoning Department may require additional information including a site inspection based on the answers given. **Approval may take up to 5 business days.**

Dinwiddie County permits two types of home occupations: Type I and Type II. Generally, Type II home occupations are more intense uses and are allowed in fewer areas of the county. Specific requirements for home occupations are described in Dinwiddie Code Section 22-245, a copy of which is provided with this application. The home occupation type(s) permitted in each district are described in the "Permitted Uses" section for the applicable zoning district in Dinwiddie County Code Chapter 22, *Zoning, Article IV, District Regulations*. The Dinwiddie County Code is available online via a link from the county's website, <http://www.dinwiddieva.us>, or in print at the Dinwiddie County Planning Department.

I. ALL APPLICANTS

This business is a: Commercial Business Home Occupation

Applicant: _____ Contact Number: _____

Business Name: _____

Property Address of Business: _____

Property Owner: _____ Contact Number: _____

Relationship to Property Owner: _____

Description of Business Activity: _____

Email Address: _____

II. COMMERCIAL BUSINESS APPLICANTS ONLY:

- | | |
|---|-------------------|
| | CIRCLE ONE |
| 1. Does the structure have a valid certificate of occupancy issued by the Dinwiddie County Building Department? If yes, certificate number and date: _____ | Yes No |
| 2. Existing Use: _____ Proposed Use: _____ | |
| 3. Will there be any alterations? If yes, please describe (structural, electrical, plumbing, mechanical, accessibility, etc) _____ | Yes No |
| 4. Will a sign be placed on the property advertising uses or services? | Yes No |

| | | | |
|---|--------|---------|-----------------------|
| OFFICE USE ONLY | | | |
| Tax Map # _____ | | | Zoning District _____ |
| Zoning Conditions: Yes No | | | Ordinance#: _____ |
| Conditions: _____ | | | _____ |
| _____ | | | _____ |
| Zoning Use Category: _____ | | | _____ |
| Is This Use Permitted in the Zoning District? | Yes | No | |
| Does the Business need a sign? | Yes | No | |
| Home Occupation? If yes, | Yes | No | |
| Home Occupation Type: | Type I | Type II | |
| Home Occupation: Is the sq. footage of used space within zoning limits? | Yes | No | |

III. HOME OCCUPATION APPLICANTS ONLY:

A. QUESTIONS RELATED TO ALL HOME OCCUPATIONS

CIRCLE ONE

- | | | |
|---|-----|----|
| 1. Will the home occupation be conducted in a primary dwelling? | Yes | No |
| 2. Will an accessory building or structure be used in conjunction with the home occupation? | Yes | No |
| 3. Are any other home occupations currently being operated from this location? | Yes | No |
| 4. Outside storage is not permitted. Will any goods, products, equipment or other materials be stored on the property? If yes, where? _____ | Yes | No |
| 5. Will there be the sale of goods or products and services not produced on premises? | Yes | No |
| 6. Will a sign be placed on the property? If yes, describe (including size) _____ | Yes | No |
| 7. Will additional parking spaces be required? | Yes | No |
| 8. Will additional volume of traffic be generated? | Yes | No |
| 9. Will there be customers on site? | Yes | No |
| 10. If family day care, how many children will be on site during a 24 hour period? _____ | | |
| 11. Will there be commercial delivery of materials and products to or from the premises? | Yes | No |
| 12. Will the use increase demand on water and sewer services? | Yes | No |
| 13. Will the equipment or processes of the business create excessive vibration, glare, fumes, odors or electrical interference detectable to the normal senses off the premises or through common walls? | Yes | No |

B. QUESTIONS SPECIFIC TO TYPE I OR TYPE II HOME OCCUPATIONS

- | | | |
|---|-------------------------|----|
| 14. Square footage of business and storage areas | | |
| a. Total square footage of primary dwelling | _____ sq feet | |
| b. Total square footage of business area | _____ sq. ft/a = _____% | |
| c. Total square footage of storage area | _____ sq. ft/a = _____% | |
| 15. Will any nonresident be employed onsite by the home occupation? | Yes | No |
| 16. Will there be any vehicles parked on the property in conjunction with the home occupation? If yes, type(s) _____ | Yes | No |

IV. ALL APPLICANTS: PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW.

I have read the Dinwiddie County Zoning Ordinance and am familiar with its provisions. I affirm that the information provided by me on this form is true and correct to the best of my knowledge. I agree to operate my business in conformance with all applicable laws and regulations, including those of Dinwiddie County.

Name

Date

V. COUNTY APPROVAL

The information on this application satisfies the Dinwiddie County Code zoning requirements with respect to business licenses.

Name

Date

Note: Any deviations, changes or revisions to the operation of the intended use not indicated on this form may void the zoning approval for this use. It is the responsibility of the property owner to notify the Dinwiddie County Planning Office of any changes to the business operation not noted on this form. Information for the zoning compliance checklist has been supplied by the permit applicant. Dinwiddie County will not be held responsible for inaccurate information provided by the permit applicant.