



**2019**  
**COUNTY OF HENRICO, VIRGINIA**  
**NEW BUSINESS LICENSE APPLICATION**

DEPARTMENT OF FINANCE  
 P O BOX 90775  
 HENRICO VA 23273-0775

**INSTRUCTIONS:** Type or Print providing full information. Return with check payable to “COUNTY OF HENRICO, VIRGINIA.” A Copy will be returned as your license. For assistance call (804) 501-4310 or visit our Web site at [www.henrico.us/finance](http://www.henrico.us/finance).

<b>ACCOUNT NUMBER</b> <small>(Assigned by County)</small>	<b>Federal ID or SSN Number</b>	<b>Retailers</b> <b>VA Sales &amp; Use Number</b>	<b>Contractors</b> <b>VA State Registration Number</b>	<b>Telephone</b> <b>Number</b>
Disclosure of your Social Security Number (“SSN”) is mandatory (unless you provide your FEIN). Va. Code §58.1-3017 authorizes the Finance Department to require this information. SSNs are used as a means of identification, to facilitate tax collection, and to provide refunds.				
Date business will begin (or began) in Henrico    /    /		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
LICENSEE		<input type="checkbox"/> LLC		
TRADE NAME		<input type="checkbox"/> OTHER		
MAILING ADDRESS		<b>GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS</b>		
CITY, STATE, ZIP		<b>ADDRESS in HENRICO where your business will be conducted</b>		
E-mail Address		<b>CITY, STATE, ZIP</b>		
<ul style="list-style-type: none"> <li>• <b>FORMULA FOR TAX: GROSS RECEIPTS LESS STANDARD DEDUCTION OF \$300,000 MULTIPLIED BY TAX RATE.</b></li> <li>• <b>A MINIMUM PAYMENT OF \$30 APPLIES WHEN GROSS RECEIPTS EXCEED \$300,000.</b></li> <li>• <b>THIS FORMULA DOES NOT APPLY TO CLASSIFICATIONS WITH A FLAT TAX OR WHOLESALE MERCHANTS.</b></li> </ul>	<b>OFFICE USE ONLY</b>	<b>ZONING</b> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
	ENTERED BY	COMMENTS		
	AUDITOR	SIGNATURE		
	DATE	DATE		
<b>ALL BUSINESSES EXCEPT THOSE LISTED BELOW TAX RATE (SEE CHART ON BACK)</b>	If you operated your business or profession from 01/01/18 to 12/31/18, give the actual amount of Gross Receipts for the year 2018. \$ _____			
	If you began after 01/01/18 and prior to 01/01/19, show the actual amount of Gross Receipts for the year 2018 and estimate your amount in 2019. 2018 Actual    \$ _____                                    2019 Estimate    \$ _____			
	If you began on or after 01/01/19, please estimate the gross receipts from your start date to 12/31/19. \$ _____			
<b>CONTRACTORS</b> <small>(Fill in if you did business in 2018) TAX RATE (SEE CHART ON BACK)</small>	Actual Gross Receipts from <b>contracts</b> in 2018	Actual Gross Receipts from <b>fees</b> in 2018		
	\$ _____	align="center">\$ _____		
<b>CONTRACTORS</b> <small>(Fill in if you began your business on or after 01/01/19) TAX RATE (SEE CHART ON BACK)</small>	Estimated Gross Receipts from <b>contracts</b> in 2019	Estimated Gross Receipts from <b>fees</b> in 2019		
	\$ _____	align="center">\$ _____		
<b>SPECULATIVE BUILDERS</b> <small>(Use cost of construction exclusive of land for tax basis) TAX RATE (SEE CHART ON BACK)</small>	Actual Cost of Construction in 2018	Estimated Cost of Construction for 2019		
	\$ _____	align="center">\$ _____		
<b>WHOLESALE MERCHANTS</b> <small>MULTIPLE RATES (SEE WORKSHEET ON BACK)</small>	Actual Gross Purchases in 2018	Estimated Gross Purchases for 2019		
	\$ _____	align="center">\$ _____		
<input type="checkbox"/> PEDDLERS – <b>General</b> - \$200 Flat Rate	<input type="checkbox"/> PEDDLERS – <b>Wholesale</b> – Fill in gross purchases for tax basis (SEE WORKSHEET ON BACK)			
<input type="checkbox"/> PEDDLERS – <b>Perishable</b> - \$50 Flat Rate	<input type="checkbox"/> ITINERANT MERCHANT - \$200 Minimum (SEE CHART ON BACK)			

<b>PAYMENT ENCLOSED</b> \$ _____
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**NEW BUSINESSES:** License applications must be received PRIOR to beginning business. The tax shall be paid with the application for licenses not based on gross receipts. The tax on licenses measured by gross receipts shall be paid within 30 days; otherwise, a **10% filing penalty, 10% payment penalty and 10% interest** may be added.

**DECLARATION OF TAXPAYER** – I declare that the foregoing statements and figures are true, full and correct to the best of my knowledge and belief.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_



**Sec. 20-350 Definitions.**

Gross receipts of the business means the gross sales of merchandise and the gross receipts of the business, occupation or profession from all earnings, fees, commissions, brokerage charges and rentals, and from all income whatsoever arising from or growing out of the conduct of the business, occupation or profession licensed in this chapter during the license year immediately preceding the license year for which the tax is being computed, without any deductions whatsoever, unless otherwise expressly provided (by the State or County Code).

COUNTY LICENSE RATES ONLY WHEN TAX BASE EXCEEDS \$300,000 (Exception: Most businesses subject to the flat tax are located on the front of this form.)			
<b>Amusement Promoter</b>	\$.20 per \$100 of gross receipts or \$30, whichever is greater.	<b>Itinerant Merchant*</b> (see front)	\$200 flat tax or \$.20 per \$100 of gross receipts, whichever is greater.
<b>Business &amp; Misc. Service</b>	\$.20 per \$100 of gross receipts or \$30, whichever is greater.	<b>Peddler – Ice and Wood</b>	\$30 flat tax
<b>Coin Machine Operator</b>	\$200 plus \$.20 per \$100 of gross receipts from machines (Amusement, Music, etc.)	<b>Peddler – Seafood (Catch)</b>	\$15 flat tax
<b>Commission Merchant</b>	\$.20 per \$100 of gross receipts or \$30, whichever is greater.	<b>Personal Service</b> (includes Taxi)	\$.20 per \$100 of gross receipts or \$30, whichever is greater.
<b>Contractor</b> (see notice below)	\$.15 per \$100 of gross receipts or \$30, whichever is greater.	<b>Professional Service</b>	\$.20 per \$100 of gross receipts or \$30, whichever is greater.
<b>Contractor (Fee Basis)</b> (see notice below)	\$.15 per \$100 of gross fees or \$30, whichever is greater.	<b>Retail Merchant</b>	\$.20 per \$100 of gross receipts or \$30, whichever is greater.
<b>Speculative Builder</b> (see notice below)	\$.15 per \$100 of cost of construction (excluding cost of land) or \$30, whichever is greater.	<b>Sales Promotion Show</b>	\$250 per week
<b>First Mortgage Loan &amp; Money Lender</b>	\$.20 per \$100 of gross receipts (excluding principal) or \$30, whichever is greater.	<b>Wholesale Merchant</b>	See Worksheet Below.
<b>Hotel &amp; Motel</b>	\$.20 per \$100 of gross receipts or \$30, whichever is greater.	<b>Utility-Water, Telephone, Heat, Light and Gas</b>	\$.50 per \$100 of gross receipts.

**WHOLESALE MERCHANTS WORKSHEET**

WHOLESALE MERCHANTS AND DISTRIBUTORS, WHOLESALE PEDDLERS, AND JUNK/PAPER DEALERS WORKSHEET			
TOTAL GROSS PURCHASES (Less \$300,000 Standard Deduction) _____ 2018		TOTAL GROSS PURCHASES (Less \$300,000 Standard Deduction) <b>\$29,035,076</b>	
(Multiply rates below X purchases to determine TAX DUE)		(Multiply rates below X purchases to determine TAX DUE)	
<b>PURCHASES</b> (Breakdown)	<b>TAX</b>	<b>PURCHASES</b> (Breakdown)	<b>TAX</b>
\$1 to \$10,000 purchases (\$25 min. tax)	= <b>\$25.00</b>	\$ 10,000	= \$ 25.00
\$10,001 to \$5,000,000 (\$.20 per \$100)	= _____	\$4,989,999	= \$ 9,980.00
\$5,000,001 to \$15,000,000 (\$.15 per \$100)	= _____	\$9,999,999	= \$15,000.00
\$15,000,001 to \$25,000,000 (\$.10 per \$100)	= _____	\$9,999,999	= \$10,000.00
\$25,000,001 to \$50,000,000 (\$.05 per \$100)	= _____	\$4,035,079	= \$ 2,018.00
\$50,000,001 to \$100,000,000 (\$.025 per \$100)	= _____		= _____
\$100,000,001 and over (\$.0125 per \$100)	= _____		= _____
<b>TOTALS</b>		<b>\$29,035,076</b>	<b>\$37,023.00</b>
<b>Wholesale Tax Base</b> After Standard Deduction	<b>Tax Amount</b> Enter this total on the License Application	<b>Wholesale Tax Base</b> After Standard Deduction	<b>Tax Amount</b> Enter this total on the License Application

**Contractor Affidavit:** (To be signed by all contractors not required to be licensed or certified by the State Board of Contractors.)

As an applicant for a business license to perform work in the County of Henrico and pursuant to Chapter 11, Title 54.1 of the Code of Virginia, I hereby swear that I am not required to be licensed or certified as a contractor in the Commonwealth of Virginia because the total contract value of the work being performed does not exceed \$1,000 per single contract or job (or a total of \$150,000 during any twelve month period). I understand that this foregoing dollar limitation does not apply to either landscape irrigation or well water construction and that licensure or certification is required in those cases.

I declare that the statements given herein are true, full and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

**STATE OF VIRGINIA**  
**TO-WIT:**  
**COUNTY OF HENRICO**

I, the undersigned notary public for the county and state aforesaid, do certify that \_\_\_\_\_ appeared before me this (date) \_\_\_\_\_ in the County and State aforesaid and, after being duly sworn, indicated that the statements contained herein are true to the best of his/her knowledge and belief and that he/she is an individual acting in his/her own right or for entities, is the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Entity Name) in Henrico County, Virginia, and as such represents that he/she is authorized to execute this application.

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)

My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**A**

**SUPPLEMENTAL BUSINESS LICENSE QUESTIONNAIRE**  
**\*\*COMPLETE FOR HOME OCCUPATION / HOME OFFICE ONLY\*\***

**A****Licensee Information**
 \_\_\_\_\_  
 Name of Licensee

 \_\_\_\_\_  
 Trade Name

 \_\_\_\_\_  
 Address of Home Office in Henrico County

 \_\_\_\_\_  
 Business Phone
**Description of Business**
 Be as **COMPLETE AND SPECIFIC** as possible.

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Complete the Following:** Keep in mind that these questions pertain to **business activity in your home.**

 Does the licensee live at the street address where the business will trade?  Yes  No

 Will anyone work at the home business that does not live in the home?  Yes  No

 Does the licensee own the dwelling? *If not, the owner or his agent must sign:*

I, the owner, authorize use of the property for the business described above. \_\_\_\_\_

 How will services be offered?  By appointment only  To the general public (walk-in)

Area (square feet) of main floor of dwelling: \_\_\_\_\_ Area used for business purpose: \_\_\_\_\_

 Will the business require external or internal additions or alterations to the home?  Yes  No

 Will the business use a detached accessory structure (garage, shed, etc.) for any purpose?  Yes  No

 Will the business use machinery or equipment not customary for household purposes?  Yes  No

 Will stock-in-trade (other than handicrafts made on the premises) be kept at the home?  Yes  No

 Will products (other than handicrafts made on the premises) be sold at the home?  Yes  No

 Will there be group instruction, assembly, or activity in the home?  Yes  No How many people? \_\_\_\_\_

 Will there be any indication from the exterior that the home is used for a business?  Yes  No

 Will commercial vehicles be stored at the home?  Yes  No How many? \_\_\_\_\_ Empty Weight: \_\_\_\_\_

 Will any commercial trailer or tow truck or wrecker be parked at the dwelling?  Yes  No

The responses provided on this form are true, correct and complete. I understand that incomplete information may result in processing delays, and further understand that false or misleading information may be grounds for legal action.

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

 \_\_\_\_\_  
 Date

GPIN: \_\_\_\_\_

**OFFICE USE ONLY**
 ZONING: \_\_\_\_\_ PROFFERS CHECKED: \_\_\_\_\_  APPROVED  REJECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

QUESTIONS CONCERNING SUPPLEMENTAL QUESTIONNAIRE:

Henrico County Permit Center, PO Box 90775, Henrico, VA 23273-0775, (804) 501-7280

**B****SUPPLEMENTAL BUSINESS LICENSE QUESTIONNAIRE****\*\*COMPLETE FOR COMMERCIAL LOCATION ONLY\*\*****B****Licensee Information**Name of Licensee \_\_\_\_\_  
\_\_\_\_\_Trade Name \_\_\_\_\_  
\_\_\_\_\_Address Where Business Will Trade \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_

**Description of Business**Be as **COMPLETE AND SPECIFIC** as possible.
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
**Hours of Operation**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Open: _____	Open: _____	Open: _____	Open: _____	Open: _____	Open: _____	Open: _____
Close: _____	Close: _____	Close: _____	Close: _____	Close: _____	Close: _____	Close: _____

**Please Complete the Following:**Does the business have, or intend to apply for, an ABC license?  Yes  No

If yes, what kind of license? \_\_\_\_\_

Will the business involve music, dancing or live entertainment?  Yes  No

If yes, please describe: \_\_\_\_\_

Will there be video games, billiard tables or similar amusements?  Yes  No If yes, how many? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Will the business involve internet sweepstakes, online gambling, games of chance or similar activities?  Yes  No

If yes, please describe: \_\_\_\_\_

Will the business involve adult-oriented entertainment, merchandise, or other regulated activities\*?  Yes  No

If yes, please describe: \_\_\_\_\_

\*The county code defines an adult business as "any adult bookstore, adult video store, adult model studio, adult motel, adult movie theater, adult nightclub, adult store, business providing adult entertainment, or any other establishment that regularly exploits an interest in matters relating to specified sexual activities or specified anatomical areas or regularly features live entertainment intended for the sexual stimulation or titillation of patrons.

The responses I have provided on this form are true, correct and complete. I understand that incomplete information may result in processing delays, and further understand that false or misleading information may be grounds for legal action or revocation of license.

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

GPIN: \_\_\_\_\_

**OFFICE USE ONLY**ZONING: \_\_\_\_\_ PROFFERS CHECKED: \_\_\_\_\_  APPROVED  REJECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

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