

Section A

**Municipal Corp. of Cape Charles
2 Plum Street, Cape Charles, VA 23310**

BUSINESS, PROFESSIONAL & OCCUPATIONAL LICENSE TAX FOR 2012

Legal Name of Business: _____

Business Street Address: _____

E-mail Address: _____

Website: _____

Would you like a direct link to your website from a future listing of local businesses on the official Cape Charles website? Yes _____ No _____

Mailing Address
(If different than above): _____

Business Telephone Number: _____

Nature(s) of Business: _____

For the purpose of computing the 2012 Business, Professional or Occupational License Tax and adjusting the tax due for licenses issued in 2011 under Chapter 38 of the Town Code, please provide the necessary information requested on all pages of this application/tax form **by April 17, 2012**. All applicants except retail are required to provide verifiable proof of your 2011 income in the form of your business 2011 Federal 1040 Schedule C, 1099's issued or other business tax returns. Retail businesses should also provide Sales/Meals Tax Reports. When proper payment is received, a current Business License will be issued and/or your privilege of doing business in the Municipality of Cape Charles will be preserved for the year 2012.

All applicants/taxpayers must sign the following certification.

CERTIFICATION

I hereby certify that all information on this application is true, correct and complete to the best of my knowledge and belief. By my signature below, I declare under penalty of perjury that if I give false, incorrect or incomplete information, I may be breaking the law and could be prosecuted for perjury or larceny or fraud. My signature also authorizes the release of information necessary to determine and review my eligibility for a Town of Cape Charles Business, Professional or Occupational License. I authorize the release of this information to the state or local government. This authorization is valid for 1 year from the date of my signature below.

Signed _____ Date _____

Printed Name _____ Title _____

Section B (Complete for each category applicable)

(Businesses providing services in more than one category may elect to pay tax due on gross receipts of the entire business at the highest applicable rate or may separate each line of business for the most applicable rate for that category.)

(To be completed by all businesses except Contractors. Contractors complete Section C.)

Please complete for each line of business if you are separating business lines. Check the category applicable for each set of answers and answer the questions for that category only.

 FINANCIAL/REAL ESTATE

 PROFESSIONAL

 RETAIL

 REPAIR/PERSONAL/BUSINESS SERVICE

 PUBLIC UTILITY SERVICE

If you have an **existing** business, to the best of your knowledge, state your gross “sales receipts” for the year ending December 31, 2011. _____
Estimate your gross “sales receipts” for the year 2012. _____

 WHOLESALE

State your gross “sales purchases” for the year ending December 31, 2011. _____
Estimate your gross receipts for the year 2012. _____

ALL APPLICANTS (except Contractors who are completing Section C)

Do you have any coin-operated machines? Yes No If so, how many? _____

Does your business sell any alcoholic beverages? Yes No

Are there any other businesses at this location? Yes No

If **yes**, state the business name. _____

Separate applications must be filed for each business.

If you no longer do business in Cape Charles, please check and complete the section below and return this form to the Town Treasurer for the Town’s annual audit report.

 The business no longer operates in the Town of Cape Charles. State the **date** the business in Cape Charles discontinued operating. _____

**THIS FORM MUST BE FILED WITH THE TOWN TREASURER
IN ORDER TO CONDUCT BUSINESS IN CAPE CHARLES.**

Section C
(For Contractors Only)

ALL CONTRACTORS

Do you have employees other than yourself? Yes _____ No _____

If yes, do you have more than 2 part time employees? Yes _____ No _____

If you do have employees, have you obtained Workers' Compensation Coverage for your employees pursuant to Chapter 8 of Title 65.2, and will you remain in compliance at all times during the effective period of the Business License issued by Cape Charles for 2012? Yes _____ No _____

Do you pay subcontractors for work performed in Cape Charles? Yes _____ No _____

If yes, include a listing of those subcontractors and the amounts paid to them in 2011 for work performed in Cape Charles.

Contractors who have a residence/office within the town limits of Cape Charles:

What were your gross receipts during 2011? _____

What do you expect for gross receipts for 2012? _____

Other Contractors:

Where is your principal office? _____

Are you required to pay a license tax to that locality? Yes _____ No _____

What were your gross receipts during 2011 for contract work performed in the Town of Cape Charles?

What do you estimate your gross receipts will be for 2012 for work performed in the Town of Cape Charles?

Section D

ALL CONTRACT APPLICANTS (Except Contractors Who Do Not Have an Office in Cape Charles)

Are there any other businesses at this location? ___ Yes ___ No If yes, state the business name.

You must prepare a separate application for each business.

If you no longer do business in Cape Charles, please complete the section below and return this form to the Town Treasurer for the Town's annual audit report.

___ **The business no longer operates in the Town of Cape Charles.** State the **date** the business in Cape Charles discontinued operating. _____

Section E
(For Contractors Only)

TOWN OF CAPE CHARLES
Contractor/Tradesman Affidavit

I, _____ representing _____ am
(Applicant's Name) (Company Name)

performing work within the Town of Cape Charles that is in accordance with Code of Virginia Section 18VAC50-22 (Board of Contractors Regulations). I also understand that by falsifying that I am a Licensed Contractor in the State of Virginia that I may be prosecuted by the Virginia Department of Professional Occupation and Regulation per Section 54.1115. See Exception on next page. By signing this affidavit I agree to all the above terms and understand that if any of the information is found to be false then this business license may be revoked, and the Company/ Individual named above will not be permitted to continue work within the Town of Cape Charles.

Print Name: _____

Signature: _____

Date: _____

Copy Attached (check one below)

Tradesman Certification: _____

State Contractor's License: _____

Exception: I understand that I am not a licensed contractor in the State of Virginia and that I may not perform work in excess of \$1,000. I also understand that I may not portray myself as a State Licensed Contractor.

Signature: _____ Date: _____

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Calculation of Tax Due

- a) Estimated 2011 gross receipts _____ (from 2011 application)
- b) Actual 2011 gross receipts _____
- c) Difference (b-a) _____
- d) Applicable Tax Rate (see schedule) _____
- e) Additional 2011 Tax Due(c multiplied by d) _____
- f) 2011 Credit Due(c multiplied by d if negative) _____
- g) Estimated 2012 gross receipts _____
- h) Applicable Tax Rate (see schedule) _____
- i) Estimated 2012 Tax (g multiplied by h) _____
- j) Total BPOL Tax Due (plus e minus f plus i) _____

(Minimum - \$30.00 unless contractor with neither a residence or office in Cape Charles and have less than \$25,000 Cape Charles gross receipts)

Special Permits:

coin-operated vending or gaming machines _____

Vending machine tax due (\$20.00 per machine) _____

Alcoholic Beverage Fee

_____ \$25.00 – beer only

_____ \$37.50 – beer and wine

_____ \$200.00 – mixed beverages

Total BPOL and Special Permit due _____

Please remit payable to the Town of Cape Charles (envelope enclosed).

Rate Schedule

Contractor - .0016 (\$1.60 per thousand)

Financial/Real Estate - .0058 (\$5.80 per thousand)

Professional - .0058 (\$5.80 per thousand)

Retail - .0020 (\$2.00 per thousand)

Repair/Personal/Business Service - .0036 (\$3.60 per thousand)

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