

Section A

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

BUSINESS, PROFESSIONAL & OCCUPATIONAL LICENSE TAX FOR 2010

Legal Name of Business: _____

Business Address: _____
Street Address

Website or E-mail Address: _____
Website/E-mail Address

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): _____
Street Address

City, State and Zip Code

Business Telephone Number: _____

Nature(s) of Business: _____

For the purpose of computing the 2010 Business, Professional or Occupational License Tax and adjusting the tax due for licenses issued in 2009 under Chapter 38 of the Town Code, please provide the necessary information requested on all pages of this application/tax form **by April 15, 2010**. All applicants except retail are required to provide verifiable proof of your 2009 income in the form of your business 2009 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 2010.

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 you're gross "sales receipts" for the year ending December 31, 2009. _____
Estimate your gross "sales receipts" for the year 2010. _____

 WHOLESALEERS

State your gross "sales purchases" for the year ending December 31, 2009. _____
Estimate your gross receipts for the year 2010 _____

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)

CONTRACTORS

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 2010?
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 2009 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 2009? _____
What do you expect for gross receipts for 2010? _____

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 2009 for contract work performed in the Town of Cape Charles? _____
What do you estimate your gross receipts will be for 2010 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. _____

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Calculation of Tax Due

- a.) Estimated 2009 gross receipts _____ (from 2009 application)
- b.) Actual 2009 gross receipts _____
- c.) Difference (b-a) _____
- d.) Applicable Tax Rate (see schedule) _____
- e.) Additional 2009 Tax Due(c multiplied by d) _____
- f.) 2009 Credit Due(c multiplied by d if negative) _____
- g.) Estimated 2010 gross receipts _____
- h.) Applicable Tax Rate (see schedule) _____
- i.) Estimated 2010 Tax (g multiplied by h) _____
- j.) Total BPOL Tax Due (add 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/Persona/Business Service - .0036(\$3.60 per thousand)

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