

Section A

**Municipal Corp. of Cape Charles
2 Plum Street, Cape Charles, VA 23310
757 331-3259 ext. 11 or 26/fax 757 331-4820**

**2017 BUSINESS, PROFESSIONAL & OCCUPATIONAL LICENSE TAX FORM
(SHORT TERM/VACATION RENTAL OWNERS AND MANAGERS)**

Legal Name of Business: _____

Business Address: _____
Street Address

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

Owner Mailing Address
(If different than above): _____
Street Address

City, State and Zip Code Phone number

Rental Management Company
(If applicable) _____
Name

Street Address

City, State and Zip Code Phone number

Nature(s) of Business: Vacation Rental Owner _____ Vacation Rental Management _____

For the purpose of computing the 2017 Business, Professional or Occupational License Tax and adjusting the tax due for licenses issued in 2016 under Chapter 38 of the Town Code, please provide the necessary information requested on all pages of this application/tax form **by April 15, 2017**. All applicants are required to provide verifiable proof of your 2016 income in the form of your business 2016 Federal 1040 Schedule C, 1099's issued or other business tax returns. When proper payment is received, a current Business License will be issued and your privilege of doing business in the Municipality of Cape Charles will be preserved for the year 2017.

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, 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 one 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.

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 (loan company, **rental agents & managers**, sales & escrow agents, credit card services, consumer financing, buying receivables, etc.)

REPAIR/PERSONAL/BUSINESS SERVICE (**vacation rental property owner**, advertising, amusement & recreation, repairs, hair care, research, cleaning, child care, instructing, drafting, exterminating, IT services, laundry, picture framing, decorating, funeral services, furniture refinishing, towing, tree care, stables, etc.)

ALL APPLICANTS

YES___NO___ Do you have any coin-operated machines?
If yes, how many? _____

YES___NO___ Are there any other businesses at this location? If yes, separate applications must be filed for each business.

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

YES___NO___ Are you aware of the laws regarding the collection and payment of Transient Occupancy Taxes (TOT?)

YES___NO___ If your vacation rental is located in the Historic District, is your required annual rental inspection current?

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

The business no longer operates in the Town of Cape Charles. State the date the business in Cape Charles discontinued operating, _____ and complete lines A through F on the following page.

Calculation of Tax Due

- A) Estimated 2016 gross receipts _____ from 2016 application
- B) Actual 2016 gross receipts _____
- C) Difference (B-A) _____
- D) Applicable Tax Rate (see schedule below) _____
- E) **Additional 2016 Tax Due (C multiplied by D if C is positive)** _____
- F) **2016 Credit Due (C multiplied by D if C is negative)** _____
- G) Estimated 2017 gross receipts _____
- H) Applicable Tax Rate (see schedule below) _____
- I) **Estimated 2017 Tax (G multiplied by H)** _____
- J) **Total BPOL Tax Due (E plus I minus F)** _____ **Minimum of \$30/yr.**

Special Permits:

Number of coin-operated vending or gaming machines (if greater than 2) ____ X \$20 per machine = \$ _____
(Maximum \$200)

Total BPOL and special permit due \$ _____ **Add amount on line J plus Special Permits**

(Remit Payment to Town of Cape Charles)

Rate Schedule

| | |
|--------------------------|---------------------------|
| Real Estate Management | .0058 (\$.58 per hundred) |
| Business Svc/Vac. Rental | .0036 (\$.36 per hundred) |

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