

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

FOR OFFICE USE ONLY

TOWN OF HAMILTON, VIRGINIA

53 EAST COLONIAL HIGHWAY
HAMILTON, VA 20158

License No. _____

License Fee _____

Penalty _____

Interest _____

2009

Date Issued _____

PLEASE SEND PAYMENT WITH APPLICATION

Brief description of Business Activity

BUSINESS TYPE _____

RENEWAL APPLICATIONS DELINQUENT MARCH 1

PLEASE FILL IN ALL BLANKS WHERE APPLICABLE
AND RETURN TO THE TREASURER, TOWN OF HAMILTON

Penalty for delinquency in paying License Tax 10%
10% interest based annually

1) _____
NAME OF OWNER(S)

2) _____
TRADE NAME

3) _____
MAILING ADDRESS

4) _____ 5) _____
TELEPHONE NUMBER SSN OR FEIN

6) _____
BUSINESS LOCATION

7) _____
CONTRACTOR'S CLASS A OR CLASS B LICENSE NUMBER

8) _____
JOB LOCATION IF CONTRACTOR

9) _____
BEGIN DATE OF BUSINESS OR JOB

10) REPORT APPLICABLE FIGURE \$ _____
FOR YEAR JUST ENDED: GROSS RECEIPTS FROM
BUSINESS OR PROFESSION

11) RATE/BASE \$ SEE BACK OF FORM OR \$30.00 WHICHEVER IS GREATER
PER \$100.00 GROSS RECEIPTS

I do hereby certify that the amount returned as TOTAL GROSS from my business or profession as reported herein are true and correct, and that I am familiar with the town ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

SIGNATURE

TITLE

DATE

**TOWN OF HAMILTON, VIRGINIA
BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX
INSTRUCTIONS**

Each section of this license application may not apply to your business. Please complete the pertinent information for your business as thoroughly as possible.

Applications and payments must be submitted on or before March 1 of the license year. Failure to do so will result in the assessment of a 10% late filing penalty.

Before opening a new business, an application must be filed with the Town Secretary/Treasurer.

FEES PAYABLE ACCORDING TO GROSS RECEIPTS

A business, profession, trade or occupation is subject to licensure under Section XIII (C) of the Town's Ordinance as follows:

<u>Gross Receipts or Purchases (At Least)</u>	<u>Gross Receipts or Purchases (Not More Than)</u>	<u>License Fee Payable:</u>
\$ 0.00	\$ 4,000.00	\$ 0.00
\$ 4,000.01	\$ 200,000.00	\$ 30.00
\$ 200,000.01		\$ 0.00

TAX SCHEDULE

The following schedule is used to compute tax (license fee).

Please make checks payable to the Town of Hamilton

In addition to the fee specified in Section XIII (C), any person engaged in a business, profession, trade or occupation with gross receipts of more than two hundred thousand dollars (\$200,000.00) shall be assessed and required to pay annually a license tax on gross receipts or a flat tax at the rate established for the particular enterprise as set forth below:

<u>Ordinance Section</u>	<u>Category</u>	<u>Rate Per \$100.00 of Gross Receipts</u>
XIV (A)	Amusements	\$0.21
XIV (C) (1)	Aircraft Lease/Rental	\$0.15
XIV (C) (2)	On-line Computer Information	\$0.15
XIV (C) (3)	Global Satellite-Based Services	\$0.15
XIV (D)	Coin Operated Machines	\$150.00 (less than ten machines) \$200.00 (ten or more machines)
XIV (E)	Contractors and Contracting	\$0.09
XIV (G)	Hotels and Motels	\$0.23
XIV (I)	Money Lenders	\$0.16
XIV (J)	Personal Services	\$0.23
XIV (K)	Professional, Financial & Real Estate	\$0.33
XIV (M)	Rental by Owners	\$0.16
XIV (N)	Repair Business	\$0.16
XIV (O)	Short-Term Rental Business	\$0.20
XIV (P)	Retail Merchants	\$0.17
XIV (Q)	Wholesale Merchants	\$0.05
XIV (R)	Other Business or Professions	\$0.33

Town of Hamilton
P.O. Box 130
53 East Colonial Highway
Hamilton, VA 20159
540-338-2811

CORPORATE SUMMARY

CORPORATE NAME: _____

STATE OF INCORPORATION: _____

DATE OF CHARTER (If VA Corporation): _____

DATE OF CERTIFICATE OF AUTHORITY: _____
(Attach a copy of VA Charter or Certificate of Authority)

PRINCIPAL OFFICER/CEO: _____
(Address & phone – business as well as personal)

REGISTERED AGENT: _____
(Address & phone)

Is this Corporation a Subsidiary or Affiliate of another Corporation?

YES or NO

If YES, complete the following:

Name of Parent Corporation: _____

Principal Officer: _____

Physical Address: _____

Town of Hamilton
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LIMITED LIABILITY COMPANY SUMMARY

LLC TAX IDENTIFICATION # (FEIN): _____

MANAGING MEMBER: _____ SS #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

MEMBER: _____ SS #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

MEMBER: _____ SS #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

REGISTERED AGENT: _____ SS #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

Please attach separate listing for additional members.

PLACE ARTICLES OF ORGANIZATION RECORDED: _____ DATE RECORDED: _____

YOU MUST ATTACH PROOF OF SCC REGISTRATION & CERTIFICATION



Home Occupation Permit

Town of Hamilton

53 East Colonial Highway, PO Box 130, Hamilton, VA 20159-0130 ♦ Phone (540) 338 – 2811 ♦ Fax (540) 338 – 9263

In accordance with Article 4, Section 7 of the Hamilton Zoning Ordinance, an occupation conducted in a dwelling unit may be approved for a Home Occupation Permit, provided that:

1. No person other than members of the family residing on the premises shall be engaged in the occupation.
2. The use of the dwelling unit for the home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants, and not more than 25 percent (25%) of the floor area of the dwelling unit or 25 percent (25%) of said floor area, if conducted in an accessory building, shall be used in the conduct of the home occupation.
3. There shall be no change in the outside appearance of the building or premises, or other visible evidence of the conduct of such home occupation other than one (1) sign, not exceeding two square feet in area, non-illuminated (sign permit required).
4. No outdoor storage shall be permitted
5. No mechanical or electrical equipment may be used except such type as is customary for domestic, office or hobby purposes.
6. There shall be no sales, other than items hand-crafted on the premises, in connection with such home occupation.
7. No traffic shall be generated by such home occupation in greater volumes than would normally be expected in a residential neighborhood. No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odor or electrical interference, including but not limited to visual or audible interference or cause fluctuations in line voltage off premises.

Approval by the Zoning Administrator is required. Any occupation deemed questionable in use may be referred to the Planning Commission and Town Council. When the proposed home occupation is within an approved, recorded subdivision, all uses must comply with the Restrictive Covenants, if any, and if required, be approved by the developer and/or homeowners association.

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Parcel ID: _____ Zoning: _____

Brief Description of Business Activity: _____

I, the undersigned, do hereby certify that I have read the above and agree to comply with all aspects of the regulations.

Applicant's Name (print) _____	Address _____	Phone _____
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OFFICE USE ONLY

Payment (\$25.00) Received: _____ Business License Filed: _____ BPOL #: _____

Approval by Zoning Administrator _____	Conditions of approval (if any) _____	Date of Approval _____
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ROBERT S. WERTZ, JR. , COMMISSIONER OF THE REVENUE

COUNTY OF LOUDOUN

1 HARRISON ST. SE, 1ST FLR, PO BOX 7000, LEESBURG, VA 20177

(703) 777-0260 WWW.LOUDOUN.GOV/COR FAX (703) 777-0263

BUSINESS TANGIBLE PERSONAL PROPERTY REGISTRATION

For Businesses located within the incorporated limits of the **Town of Hamilton**

Please complete this form to ensure that a return will be sent to the correct Business owner and mailing address.

TRADE NAME: _____ **BUSINESS TELEPHONE:** _____

BUSINESS OWNERSHIP STRUCTURE: (Please Check One)

Sole Proprietorship

Name _____ Social Security Number _____

Home Address _____

Home Telephone _____

General Partnership **Limited Partnership** **Corporation** **Limited Liability Co** **Other**

Name _____ Federal Tax ID Number _____

Main Office Address _____

Main Office Telephone _____

General Partner President Managing Member

Name _____ Social Security Number _____

Home Address _____

Home Telephone _____

PHYSICAL BUSINESS LOCATION (No PO Boxes OR route numbers) **ZIP CODE:** _____

Examples: 511 Archery Blvd 107B NW Leesburg

Building/House # _____ Street/Road Name _____ Street Type _____ Suite/Apt _____ Quadrant _____ Post Office _____

OWNER OF REAL ESTATE: _____

COMMERCIAL CENTER or SUBDIVISION NAME: _____

BUSINESS DESCRIPTION: _____

DATE BUSINESS BEGAN IN LOUDOUN: ____/____/____

BUSINESS MAILING ADDRESS: _____

All businesses are required to annually file a Business Tangible Personal Property tax return by April 15, declaring all property such as furniture, fixtures, equipment, machinery, tools and heavy equipment located in Loudoun County on January 1st of each year. Property located in any of the incorporated towns may be subject to town business tangible property tax in addition to the county levy. An asset list which contains date of purchase, property description and original cost must be included with the return. Any leased equipment must be declared indicating name and address of the lessor and terms of the lease.

I have read the above and understand my responsibilities under Title 58.1-3519 of the Code of Virginia.

Signature

Date