

RENEWAL APPLICATION FOR CITY OF RICHMOND BUSINESS LICENSE

FORM BLR-16

LICENSE YEAR 2016

Account # _____



City of Richmond, Virginia
 Division of Collections
 900 East Broad Street, Room 103
 P.O. Box 26624
 Richmond, VA 23261

APPLICANT NAME AND MAILING ADDRESS:

Name _____
 Address 1 _____
 City/State _____ Zip _____

TELEPHONE:	FAX:
E-MAIL ADDRESS:	
EMPLOYER OR S.S. NO.	
RICHMOND CITY BUSINESS ADDRESS:	
COMPANY:	
TRADE NAME:	
PRESIDENT:	
REGISTERED AGENT:	
BUSINESS NO. / STREET:	
CITY / STATE / ZIP:	
TELEPHONE:	

IMPORTANT: Renewal application must be filed and taxes and/or fees paid in full by 3/1/2016. Your 2015 license expired 12/31/2015. This license must be surrendered upon demand.

INSTRUCTIONS:

- Type or print only.
- Provide complete information.
- Sign in the space provided at the bottom of the application.
- Return with check payable to "City of Richmond".
- A 2016 business license will be returned to you.
- For assistance call (804) 646-7000.
- For information or forms, visit our website at www.richmondgov.com.

IMPORTANT – PLEASE READ:

- Up to 10% penalty will be added (subject to a minimum penalty) if payment is not postmarked or received by the Department of Finance on or before **March 1, 2016**.
- Your business must be properly zoned before you may begin operating (Zoning phone no. (804) 646-6340).
- All trade / assumed names must be registered with the Clerk of the Circuit Court before the license can be issued (Clerk's phone no. (804) 646-6530).
- If gross receipts for 2015 were \$100,000 or more, please see reverse.
- You will receive a separate renewal form for each line of business or charge on your account (i.e. Restaurant, Beer & Wine and Mixed Beverage will produce 3 renewal forms).

2015 – LICENSE TAX ADJUSTMENT – 2015

CALCULATE ADJUSTMENTS ONLY IF YOUR BUSINESS BEGAN AFTER JANUARY 15, 2014

Account Number: _____

BUSINESS TYPE DESCRIPTION	2015 ACTUAL GROSS RECEIPTS	TAX RATE	2015 TAX DUE A	2015 TAX PAID B	TAX DUE / (REFUND) A - B
	.00 X	=			

DATE BEGAN BUSINESS IN RICHMOND: MM DD YYYY	CERT OF OCCUPANCY NUMBER:
DATE CEASED BUSINESS IN RICHMOND: MM DD YYYY	CIRCLE ONE: INDIVIDUAL PARTNERSHIP CORP. LLC
SSN OR FED ID #:	VA SALES TAX #:
LICENSE PREPARER OTHER THAN LICENSEE:	TELEPHONE #: () -
	FAX #: () -

2016 – CITY OF RICHMOND – 2016
BUSINESS, PROFESSIONAL, & OCCUPATIONAL LICENSE

Account Number: _____

CAT	TYPE	ABC#	BUSINESS TYPE DESCRIPTION	2015 GROSS RECEIPTS	TAX RATE	AMOUNT DUE
				.00 X	=	

LICENSEE:

T/A:

AMOUNT	
PENALTY	
INTEREST	
TOTAL	
AMOUNT PAID ↻	

THE INFORMATION PROVIDED IS TRUE AND COMPLETE. I UNDERSTAND MY OBLIGATION FOR THIS LICENSE. BUSINESS LICENSE RECEIPTS ARE SUBJECT TO AUDIT.

Date _____ Phone _____

Printed Name _____ Signature (required) _____

CITY LICENSE RATES WHEN TAX BASE EXCEEDS \$99,999 (Exception: Businesses that are subject to the flat tax.)			
Professional	\$.58 per \$100 of gross receipts	Peddler/Sidewalk Vendor	\$300 Flat Tax
Personal Services	\$.36 per \$100 of gross receipts	Restaurant	\$.36 per \$100 of gross receipts
Retail Merchant	\$.20 per \$100 of gross receipts	Repair Services	\$.36 per \$100 of gross receipts
Wholesale Merchant	\$.22 per \$100 of purchases	Itinerant Merchant	\$500 Flat Tax
Contractor	\$.19 per \$100 of gross receipts	Beer & Wine	\$75 Flat Tax
		Mixed Beverage Seating	1-100 = \$200 101-150 = \$350 Over 150 = \$500

GENERAL INFORMATION

- ❖ **License Fee:** Businesses with gross receipts greater than or equal to \$5,000, but less than \$100,000, pay only the \$30 license fee. Businesses with receipts less than \$5,000 pay no fee.
- ❖ **BPOL Guidelines:** Revised BPOL guidelines may be obtained by contacting the Virginia Department of Taxation at (804) 440-2541 or on the Internet at www.tax.virginia.gov.
- ❖ **Contractors:** Virginia law requires all contractors to provide written certification of their compliance with the Virginia Workers' Compensation Act prior to the issuance or renewal of their business license. A copy of the certification form may be obtained by contacting the Insurance Department of the Virginia Compensation Commission at (877) 664-2566; or, a copy may also be obtained at www.vwc.state.va.us or www.richmondgov.com/Finance/forms.aspx.
- ❖ **Failure to Obtain a License:** Criminal offense, punishable by fine, imprisonment and/or business closure.
- ❖ **Signature:** Required. Your signature indicates you are aware of all the applicable obligations associated with this license, including Personal Property Taxes and Zoning Requirements.
- ❖ **Business Changes:** Contact the City of Richmond at 311, locally; (804) 646-7000 out of town, Monday – Friday 8:00 AM – 5:00 PM or E-mail finance@richmondgov.com to report any changes in name, address, or classification. If your businesses moves within the City of Richmond, you must contact zoning to ensure compliance.
- ❖ **Errors & Omissions:** Should any information contained in this package differ from existing City Ordinances, the current Ordinances as enacted by Richmond City Council shall prevail.

DUE DATE CALENDAR

- January 14 Real Estate Taxes – 1st Half Payment Due
- March 1 Business License Renewal Application and Payment Due
- March 1 Business Personal Property and Machinery & Tools Returns Due
- March 31 Tax Relief Application and Renewal Due
- June 1 Bank Franchise Tax Payment Due
- June 5 Property Taxes (Personal, Business, Machinery & Tools) Payment Due
- June 15 Real Estate Taxes – 2nd Half Payment Due
- June 16 Public Service Corporation Taxes Payment Due
- June 15 Business License – 2nd Half Payment Due
- December 31 Workers' Compensation Certification Due (for 2016 tax year)

- 15th of Every Month Consumer Utility Taxes – Due the Second Month Following Collection
- 20th of Every Month Admissions, Lodging, Meals Taxes – Due the Month Following Collection
- 15th of Every April, July, October, & January Daily Rental Taxes Payment Due

In the event a due date falls on a weekend or a federal holiday, the tax may be paid on the next business day without penalty.

Address Correction

Address: _____ _____ _____ _____ _____ Phone Number: _____ Fax Number: _____ E-mail Address: _____

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