

PART 1

Submittal with original signature(s) is required. Please print or type (unless otherwise indicated).

Business Name:

New Business Address (include suite #):

Description of the proposed use:

Is the proposed use different from the previous use at this address? Yes No

_____ # square feet floor area for business use

_____ # of employees

_____ # of seats (restaurant only)

_____ # of loading spaces

_____ # of auto parking spaces

_____ # of bike parking spaces

Are any alterations to the site, building exterior, or interior planned, underway, or completed in connection with this use? Yes No

Please describe: _____

Business owner or applicant (name & title):

Mailing address:

Telephone: _____

Email: _____

Property owner or agent (name & title):

Mailing address:

Telephone: _____

Email: _____

The undersigned hereby applies for (check one):

a **Zoning Appropriateness Permit** under the provisions of [§78-202.10](#) and [§78-201.3](#), Herndon Town Code.

a **Zoning Inspection Permit** under the provisions of [§78-202.9](#) and [§78-402.7\(k\)](#), Herndon Town Code.

I hereby affirm and certify that:

- The information provided on this form is true and correct to the best of my knowledge.
- The requirements associated with this application have been read and are understood.
- The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.

Applicant Signature/Date: _____

Zoning Administrator

Signature/Date: _____

Comments: _____

Final inspection date, Zoning Inspection Permit: _____

Zoning Inspector

Signature/Date: _____

Zoning Appropriateness Permit expiration: _____
(If business is not open or license not approved after six months.)

SITE INSPECTIONS MAY BE REQUIRED

ZONING APPROPRIATENESS PERMIT— OCCUPANCY APPROVAL IS SUBJECT TO FINAL INSPECTION BY THE FAIRFAX COUNTY FIRE MARSHAL. FOR INSPECTION CALL 703-246-4849. SOME USES WILL REQUIRE A ZONING INSPECTION PERMIT.

HOME-BASED BUSINESS— IN CERTAIN CASES A SPECIAL EXCEPTION MAY BE REQUIRED FOR HOME-BASED BUSINESSES. SEE ZONING ORDINANCE [§78-402.7\(K\)](#).

FOR OFFICE USE ONLY:		(revised: July 2017)
Application received by:	Date:	
Tax map reference:		
Ordinance/Plan Reference:		
Zoning District:	Determined Use:	
Status of taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent		
<input type="checkbox"/> New business <input type="checkbox"/> Renamed business <input type="checkbox"/> Relocation <input type="checkbox"/> Existing		
Distribution after approval: <input type="checkbox"/> Applicant <input type="checkbox"/> Finance		
<input type="checkbox"/> Community Development <input type="checkbox"/> Fire Department <input type="checkbox"/> C&ED		

- Business Category** (please check one)
- Business/personal service
 - Contractor
 - Repair service
 - Leasing/renting (no inventory)
 - Massage establishments (must complete Addendum)
 - Other (please explain nature of your business)
 - Builder/developer
 - Hotels and motels
 - Retail/restaurant
 - Telephone companies
 - Professional, specialized occupation

NAICS Code: _____
(www.naics.com)

Individual **Partnership** **Corporation**

Federal Tax ID #: _____

Social Security #: _____

Trade Name: _____

Mailing address: _____

All correspondence shall be mailed to the trade address unless otherwise specified.

E-mail address: _____

Telephone # _____ Fax # _____

Date business established in Herndon: _____

License #: _____

RESIDENCY STATUS AFFIDAVIT:

All applicants who file as **“individual”** or **“sole proprietor”** must complete and have notarized the **Residency Status Affidavit** before a Town of Herndon business license will be issued.

Section 1—License Measured by Gross Receipts
(Estimate gross receipts from beginning through end of current year)

Gross receipts: _____

Tax rate: _____

Tax: _____

Penalty/interest: _____

Total: _____

Section 2—Operators of Coin-Operated Machines

Type of machines: _____

of machines: _____

Tax rate: _____

Tax: _____

Penalty/interest: _____

Total: _____

Section 3—License Based on Flat Tax

Type of license based on flat rate: _____

Tax: _____

Penalty/interest: _____

Total: _____

Alcoholic Beverage ABC Board #: _____

Applicant signature: _____

Print name: _____

Print title: _____

The Town of Herndon’s Economic Development office would like to **promote your business**. By checking “yes” below, you would give the town permission to list your business on the town’s website or share your business information with other agencies such as the Dulles Regional Chamber of Commerce and other town departments. (Only business name and contact information would be shared. Gross receipts, taxes paid, social security numbers and tax ID information would not be shared, published, or released.) ___ Yes ___ No

If you have any business related questions, please contact the town's Economic Development office at 703-435-6800 X2085 or email information@herndon-va.gov for more information.

FOR OFFICE USE ONLY:

Total tax & penalties: _____ Revenue clerk: _____ ZAP/ZIP approval: _____
(initials/date) (initials/date)