

## **APPLICATION**

Business/Occupational License Zoning Appropriateness Permit Zoning Inspection Permit for Home-Based Business (including home daycare)

PART 1				
Submittal with <u>original signature(s) is required</u> . Please	The undersigned hereby applies for			
print or type (unless otherwise indicated).  Business Name:	a <b>Zoning Appropriateness Per</b> sions of §78-202.10 and §78-201.3, Code.			
New Business Address (include suite #):	a <b>Zoning Inspection Permit</b> un §78-202.9 and §78-402.7(k), Herno			
Description of the proposed use:	<ul> <li>I hereby affirm and certify that:</li> <li>The information provided on this form is true and correct to the best of my knowledge.</li> <li>The requirements associated with this application have been read and are understood.</li> <li>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.</li> </ul>			
Is the proposed use different from the previous use				
at this address? □ Yes □ No	Applicant Signature/Date:			
# square feet floor area for business use	Zoning Administrator			
# of employees	Signature/Date:			
# of seats (restaurant only)	Comments:			
# of loading spaces				
# of auto parking spaces	Final inspection date, Zoning Inspection Permit:			
# of bike parking spaces	Zoning Inspector Signature/Date:			
Are any alterations to the site, building exterior, or interior planned, underway, or completed in connection with this use?   Yes No	Zoning Appropriateness Permit exp (If business is not open or license not appro	oiration:oved after six months.)		
Please describe:	SITE INSPECTIONS MAY BE REQUIR	RED		
	ZONING APPROPRIATENESS PERM			
Business owner or applicant (name & title):	PROVAL 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 ORDI-			
Mailing address:	NANCE <u>§78-402.7(K)</u> .			
	FOR OFFICE USE ONLY:	(revised: July 2017)		
Telephone:	Application received by:	Date:		
Email:	Tax map reference:			
Property owner or agent (name & title):	Ordinance/Plan Reference:			
	•	ned Use:		
Mailing address:	Status of taxes:   Paid Delinquent			
	□ New business □ Renamed business □ l	Relocation   Existing		
Telephone:	Distribution after approval: □ Applicant	□ Finance		
Email:	□ Community Development □ Fire Department □ C&ED			



**Business/Occupational License Application** 

Business Category (please check one)  Business/personal service Builder/developer  Contractor Hotels and motels  Repair service Retail/restaurant  Leasing/renting (no inventory) Telephone companies  Massage establishments Professional, specialized occupation  Other (please explain nature of your business)	Section 1—License Measured by Gross Receipts (Estimate gross receipts from beginning through end of current year)  Gross receipts:  Tax rate:  Tax:  Penalty/interest:				
NAICS Code: (www.naics.com)  Individual   Partnership   Corporation	Total:  Section 2—Operators of Coin-Operated Machines  Type of machines:				
Federal Tax ID #:  Social Security #:	# of machines:  Tax rate:				
Trade Name: Mailing address:	Tax: Penalty/interest: Total:				
All correspondence shall be mailed to the trade address unless otherwise specified.  E-mail address:	Section 3—License Based on Flat Tax  Type of license based on flat rate:				
Telephone # Fax #  Date business established in Herndon:	Tax: Penalty/interest: Total:				
License #:	Alcoholic Beverage ABC Board #:				
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.	Applicant signature:  Print name:  Print title:				
The Town of Herndon's Economic Development office would like to <b>promote your business</b> . 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.)  YesNo  If you have any business-related questions, please contact the town's Economic Development office at 703-435-6800					
X2085 or email <u>information@herndon-va.gov</u> for more information.  FOR OFFICE USE ONLY:					
Total tax & penalties:Revenue clerk:	ZAP/ZIP approval:(initials/date)				



PART 2—Information about the business & its operation.
Is the person conducting the business a resident at the property? $\ \square \ \mathrm{Yes} \ \square \ \mathrm{No}$
Hours of Operation:# of on-site employees:
For Home Day care, provide the number of children being cared for per day:
Names & addresses of on-site employees (if other than applicant):
Times of day each employee will be present at the site:
Times of day customers or clients may be expected to visit the site:
Square footage of all buildings on the premises:
Square footage of the proposed business (including storage):
Is the business located in the basement, main floor, second floor or other location?
Will an accessory structure (garage or shed) be used for the business?               Yes    No
If yes, square footage of the accessory structure:
Square footage of the space to be used by the business in the accessory structure:
Does the proposal meet the standards set forth for home-based businesses in Zoning Ordinance $\frac{878-402.7(k)}{2}$ ? $\Box$ Yes $\Box$ No If no, is a Special Exception requested? $\Box$ Yes $\Box$ No
A statement provided from the landowner(s) authorizing an agent to act on their behalf, if applicable, (Zoning Ordinance §78-201.3)
Additional requirements for home day care:
Approval, in writing, by your apartment or homeowners association, if applicable.
Home Child Care Permit from Fairfax County – Valid for one year and requires home health, safety and fire inspections. For more information call Fairfax County's Office for Children at 703-324-8100. A copy of this permit should be included with this application.
Optional — Virginia State Family Day Home License — For more information call the State Department of Social Services, Division of Licensing at 703-934-1505. If applicable, a copy of this license should be included with this application.



RT 3—Please complete I the floor plan of the a	this schematic draw affected area.	ing showing th	e location of th	ne business in the d	well
				1	
		1.0 (1.1)			
	secon	d floor of dwelling			
	mair	n floor of dwelling		l	
				1	
	base	ement of dwelling			
gara (if proposed to be us	ge		shed or ot	her accessory structure o be used for the busines:	s)