



REGISTER YOUR BUSINESS in the Town of Culpeper



Town Clerk's Office

400 S. Main Street, Suite #105

Culpeper, VA 22701

(540) 829-8240

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ClerksOffice@culpeperva.gov

010225

www.culpeperva.gov

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Notice to Business Owner

This is NOT an all-inclusive list of requirements for operating a business. The business owner is responsible for complying with all laws and regulations associated with owning and operating a business, notifying the affected offices of any ownership or address change and if the business ceases to operate.

Business, Professional and Occupational Licenses (BPOL)

The Town requires persons engaged in any business, trade, profession, occupation or calling to apply for a license for each such business.

New Businesses

A new business which has not been in operation within the corporate limits of Culpeper for one calendar year shall be taxed on estimated gross receipts or purchases of the business between the date of beginning business until December 31 of the current calendar year. The minimum license fee is \$24. Subsequent years' taxes will be based on the prior year's gross receipts (ex: 2022 payment is based on 2021 gross receipts).

Renewal of Existing Annual Licenses

Each year, renewals are mailed in early January. Completed renewals are due on or before March 1st. A 10% penalty applies for filing after March 1st. Invoices are mailed upon receipt of the renewal forms from business owners and payment is due on or before May 1st.

Business Classifications

Most businesses fall under one of the five major classifications, subsequent tax rates are demonstrated below.

Rate Ceilings per \$100 of Gross Receipts

	Town	State
1. Contractor	\$0.08	\$0.16
2. Retail Sales	\$0.10	\$0.20
3. Financial, Real Estate and Professional Services	\$0.20	\$0.58
4. Repair, Personal Business and Other Services	\$0.14	\$0.36
5. Wholesale	\$0.04	\$0.05

For Businesses engaged in more than one type of classification, additional licenses may be required.

You will need to fill out the following application and return it with your completed packet.

Fictitious (DBA) Name Registration

The legal name of your business is required on all government forms and applications, including your application for employer tax IDs, licenses and permits. However, if you want to open shop or sell your products under a different name, then you have to file a “fictitious name” registration form with the State of Virginia.

A fictitious name (or assumed name, trade name or DBA name, which is short for “doing business as”) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.

Please visit <https://www.scc.virginia.gov/pages/New-Business-Resources> to register!

You will need to turn in a copy of your certificate with your completed packet.

Planning & Community Development

Staff will need to review your business plan and operations to determine if your chosen location is zoned appropriately. The Zoning Administrator’s approval and/or issuance of a permit is required.

Fees may apply.

https://www.culpeperva.gov/government/planning_community_development_gis/index.php

You will need to turn in the following review form with your completed packet.

Culpeper County Building Department

The Building Official will review the building code requirements pertaining to the use category for your business.

An inspection of the building or space you plan to occupy may be required.

<https://web.culpepercounty.gov/building>



PLANNING & COMMUNITY DEVELOPMENT BUSINESS LICENSE REVIEW FORM

1. Is the location of the proposed business at a residential address?

Yes No

2. Describe the type of proposed business (include details about the nature of the business and type of work performed).

3. Describe all materials/equipment utilized in the business (i.e. tools, trailers).

4. Where will materials/equipment be stored? If off-site, please provide an address.

5. Describe interior/exterior renovations proposed on-site.

6. Will there be new exterior signage? (excluding graphics attached to windows)

Yes No



The applicant hereby applies for a Home Occupation Permit, in accordance with the provisions of Article XVII of the Town of Culpeper Zoning Ordinance.

The applicant hereby requests a home occupation permit as outlined in Article XVII of the Town of Culpeper Zoning Ordinance. Pursuant to Section 27-453, the applicant agrees to abide by the following use limitations:

1. The use of the dwelling unit for a home occupation shall be clearly incidental and subordinate to its use for residential purposes by its occupants. The use shall, under no circumstances, change the residential character of the dwelling.
2. The home occupation shall be a secondary use of the dwelling. All business activity shall be conducted wholly within the building.
3. Only individuals residing on the premises shall be engaged in the occupation.
4. No signage shall be permitted.
5. There shall be no outdoor display of goods or outside storage of equipment of materials used in such home occupation.
6. No equipment or process shall be used in such home occupation which creates noise, vibration, glare, fumes, odors or electrical interference detectable to the normal senses off the lot.
7. No additional parking spaces shall be added to the premises.
8. The home occupation permit is valid to the original applicant only and is not transferable.
9. The home occupation shall generate no additional traffic to the dwelling unit.

Failure to comply will result in the revocation of permit as outlined in Section 27-452.

Property Owner's Consent Required.

I/We the undersigned property owner(s), have read and understand the conditions upon which this permit is issued and do hereby consent to this application as presented on this _____ day of _____, 20__.

Property Owner's Name (Please Print): _____

Property Owner's Signature: _____

Property Owner's Address: _____

Property Owner's Telephone: _____

Culpeper County Commissioner of the Revenue

The Commissioner of the Revenue will assess your business personal property for tax purposes.

Culpeper County Code Section 12-2(a). Returns of Personal Property Subject to Taxation.

Every person owning personal property subject to taxation by the County shall file a return with the Commissioner of the Revenue declaring the same on or before the first day of May in the year in which such property is subject to taxation by the County. Notwithstanding the foregoing, the annual assessment and taxation of motor vehicles, trailers and boats may be based on a previous personal property tax return filed by the owner or owners of such property, who shall not be required to file a subsequent personal property tax return so long as their name and address has not changed and their personal property has had no change in status or sites since such previous filing. For failure to file such return on or before such day, the Commissioner of the Revenue shall assess a penalty of ten percent (10%) of the amount of the tax otherwise assessed. Such penalty for late filing shall be due and payable at the time that the tax assessed is due and payable.

<https://web.culpepercounty.gov/revenue>

You will need to fill out the following Business Registration Form and return it with your completed packet.



CULPEPER COUNTY • Commissioner of the Revenue Terry L. Yowell, MCR

PO Box 1807 • 151 N Main St, Suite 201, Culpeper, VA 22701

(540) 727-3443 • Fax (540) 727-3472

BUSINESS REGISTRATION FORM

Please Check One:

New Business Name Change – Prior Name: _____

Sole Proprietor Partnership LLC Incorporated Other (explain): _____

Business Start Date in Culpeper: _____

Registered Name of Business or Individual Name if Sole Proprietor:

Trade Name: _____

Mailing Address of Business: _____

Physical Address of Business: _____

Note: Businesses located in Town of Culpeper, must contact Town Business License Clerk

Phone Number of Business: _____ E-Mail: _____

Nature of Business: _____

Federal Identification Number: _____

Social Security Number, if applicable: _____

Contact Person(s) & Phone Number(s): _____

CONSENT TO RECEIVE AND RELEASE

I, _____ (business owner) hereby authorize _____ as my agent/representative to receive and release confidential information related to my business account unless and until revoked in writing to the Commissioner of the Revenue.

Pursuant to Code of Virginia §58.1-11, any such person who willfully subscribes any such return which he/she does not believe to be true and correct as to every material matter shall be guilty of a Class I misdemeanor.

DECLARATION BY TAXPAYER: I declare that the foregoing statements are true, full and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Helpful Websites

web.culpepercounty.gov

www.irs.gov

Federal forms & SS-4 form to obtain Tax ID

www.tax.virginia.gov

www.tax.virginia.gov/taxforms/Business/Registration/R-1.pdf

Registration of business name, locations, & tax types

www.business.virginia.gov

www.scc.virginia.gov

Other County Department Contact Info:

Planning & Zoning (540) 727-3404

Location: 302 N Main St, Administration Building

Health Department (504) 829-7350

Food preparation and lodging businesses

Location: 640 Laurel St (next to hospital)

Notice to Business Owner: This is NOT an all-inclusive list of requirements for operating a business. The business owner is responsible for complying with all laws and regulations associated with owning and operating a business, notifying the affected offices of any ownership or address change and if the business ceases to operate.

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Existing Acct #: _____ New Acct #: _____ Effective Year: _____



TOWN OF CULPEPER • Treasurer's Office

400 S. Main Street, Suite 109, Culpeper, VA 22701 • (540) 829-8220 • Fax (540) 829-8239

https://www.culpeperva.gov/government/finance_and_treasurer/index.php

TOWN OF CULPEPER TREASURER'S OFFICE REVIEW

1. Does the new business currently have a location with Town utilities? Town utilities are water, sewer, trash and at some locations, also electric.

Yes No

If yes, please provide the address and/or the Town utility account number.

2. Does the business lease require utilities to be in the name of the business? If yes, we will require a copy of the lease document so we can check for existing utilities and assist you with setting up your utility account. If a new utility account is needed, you will be required to fill out an account application and pay an application fee and a utility deposit.

Yes No

3. Does the new business entity, and it's responsible owners/officers, have any existing Town real estate and/or personal property tax accounts?

Yes No

Please provide the business entity name, or owner/operator names and tax ID numbers so we can verify that all taxes are paid to date.

Business Name or Owner Name _____

Tax ID Numbers _____

Environmental Services*

***if required**

If your proposed business will have a kitchen, you may need to obtain a FOG (Fats, Oils and Grease) permit.

https://www.culpeperva.gov/government/public_services/environmental_services/index.php

You will need to fill out the following registration form and return it with your completed packet.

Directions for Completing FOG Permit and Grease Control Device Registration

This Fats, Oils, and Grease (FOG) Permit and Grease Control Registration Questionnaire is required to be completed and returned within 30 days for evaluation and determination if a Fats, Oils and Grease (FOG) permit is required in accordance with Town Code § 24-146. Town Code requires all Food Service Establishments that discharge to the Town of Culpeper's Wastewater Collection System to have a FOG permit after January 1, 2010.

Once this form has been completed and submitted to the address below, you will typically be notified within 30 business days as to whether or not your facility requires a permit. If a permit is required, this questionnaire will serve as an application for the permit. If you have questions or need assistance completing this form, please contact Winter Brichant, Town of Culpeper Operations Program Manager, at (540) 825-8671, or at wbrichant@culpeperva.gov. A copy of the FOG ordinance and regulation can be found at [https://www.culpeperva.gov/government/public_services/environmental_services/fats_oils_and_grease_\(fog\)_regulation.php](https://www.culpeperva.gov/government/public_services/environmental_services/fats_oils_and_grease_(fog)_regulation.php).

Directions for Form Completion

- 1. Company Name.** This is the name of the company that owns the facility. It can be a parent company, a corporation, or an individual.
- 2. Company Contact.** Name the person to contact regarding the company.
- 3. Mailing Address.** Mailing address of the company.
- 4. Telephone Number.** The company contact's telephone number.
- 5. Email Address.** The email address of the company contact.
- 6. Facility Name.** The name of the facility.
- 7. Location Address.** The physical address of the facility.
- 8. Hours of Operation.** The hours the facility is open.
- 9. Facility Contact.** Name of the facility Manager or the person who will be the main contact for interacting with Town of Culpeper Department of Environmental Services staff.
- 10. Facility Telephone Number.** The telephone number of the facility and/or the phone number of the person listed in #9 above.
- 11. Email Address.** The email address of the facility and/or the person listed in #9 above.
- 12. Food Preparation.** Answer yes if any food preparation occurs at the facility.
- 13. Food Type.** Check the box next to the type(s) of food prepared and/or served in the facility. You may check as many boxes as necessary. If "other", write in a simple description. For Day Care facilities, enter the number of children cared for. For B&B's, enter maximum number of guests. If none apply, write "none" beside "other".
- 14. Number of Fixtures.** Please enter the number of each type of fixture used/installed.
- 15. GCD Location/Type.** A large, in-ground GCD located outside the facility should be denoted as an "exterior interceptor". If the GCD is indoors and under the sink, it should be denoted as "interior undersink trap". If the GCD is indoors and under the floor, it should be denoted as "interior floor trap".
- 16. GCD Size.** If the GCD is indoors and aboveground, the size can usually be found labeled on the device. In other cases, the GCD servicing company will be able to provide the approximate volume in gallons. Use an approximate volume if appropriate.
- 17. GCD Model.** If the GCD Model is known, enter here; if not, state unknown.
- 18. GCD Servicing Company.** If an outside company services the GCD, enter the name here.
- 19. GCD Cleaning Frequency.** Enter the frequency (or approximate frequency) that the GCD is cleaned.
- 20. Yellow/Fryer Grease Rendering Container onsite.** A rendering container is the container used to collect yellow grease (fryer grease or any grease that DOES NOT come into contact with wastewater) until it is picked up for recycling. If you have such a container on site, mark "Yes", otherwise, mark "No".
- 21. Yellow/Fryer Grease Rendering Company.** Enter the name of the company contracted to pick up yellow grease for recycling if you answered "Yes" to #20 above.

Please complete this form and submit to:

Operations Program Manager, Town of Culpeper, 400 S. Main Street, Culpeper, VA 22701



FATS, OILS, AND GREASE (FOG) PERMIT AND GREASE CONTROL DEVICE REGISTRATION

Please see directions for completing this form attached or on the reverse side.

- 1. Company Name: _____
- 2. Company Contact: _____
- 3. Mailing Address: _____
- 4. Telephone Number: _____
- 5. Email Address: _____
- 6. Facility Name: _____
- 7. Location Address: _____
- 8. Hours of Operation: _____
- 9. Facility Contact: _____
- 10. Facility Telephone Number: _____
- 11. Email address: _____

12. Is there food preparation on the premises? Yes No

13. **Food Type:** Check all that apply.

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Coffee House | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Buffet | <input type="checkbox"/> European |
| <input type="checkbox"/> Ice Cream/Smoothies | <input type="checkbox"/> Day Care #_____ | <input type="checkbox"/> Chinese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Pizza | <input type="checkbox"/> Bed & Breakfast #_____ | <input type="checkbox"/> Japanese | <input type="checkbox"/> Burgers |
| <input type="checkbox"/> Fast Food | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Delicatessen | <input type="checkbox"/> BBQ | <input type="checkbox"/> Thai | <input type="checkbox"/> Steakhouse |
| <input type="checkbox"/> Corporate Cafeteria | <input type="checkbox"/> Sports Grill | <input type="checkbox"/> Italian | <input type="checkbox"/> Sandwich Shop |
| <input type="checkbox"/> Commercial Cafeteria | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Mexican | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Other: _____ | | | |

14. **Number of Fixtures:**

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Deep Fryers | <input type="checkbox"/> 3-Compartment Sinks | <input type="checkbox"/> Tilt Kettles | <input type="checkbox"/> Wok Ranges |
| <input type="checkbox"/> Grills | <input type="checkbox"/> 2-Compartment Sinks | <input type="checkbox"/> Garbage Disposals | <input type="checkbox"/> Pre-wash Sinks |
| <input type="checkbox"/> Ovens | <input type="checkbox"/> 1-Compartment Sinks | <input type="checkbox"/> Dishwashers | <input type="checkbox"/> Mop Sinks |

15. **Grease Control Device (GCD) Location/Type:**

- Exterior Grease Interceptor Interior Under Sink Trap Interior Floor Trap

16. GCD Size in gallons, lbs, or gallons per minute: _____

17. GCD Model (if unknown, leave blank): _____

18. GCD Service Company: _____

19. **GCD Cleaning Frequency:**

- | | | |
|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually |

20. Yellow/Fryer Grease Rendering Container on site? Yes No

21. Yellow/Fryer Grease Rendering Company: _____

I, _____, certify that to the best of my knowledge the above information is correct.

Signature: _____ Date: _____



CULPEPER COUNTY • Health Department
640 Laurel Street, Culpeper, VA 22701 • (540) 829-7350

CULPEPER COUNTY HEALTH DEPARTMENT REVIEW

1. Is the proposed business on a private onsite sewage disposal system (septic/drainfield)? Yes No
2. Is the proposed business on a private drinking water well? Yes No
3. Is the proposed business providing overnight lodging to guests? Yes No
4. Is the proposed business providing overnight camping? Yes No
5. Is the proposed business preparing and/or selling food or other edible items, and/or beverages in any form to the public? Yes No
6. Is the proposed business operating a daycare facility? Yes No

If the answer is yes to any of the above questions, you need to contact the Culpeper County Health Department at (540) 829-7350 as you may need approval and possibly a permit from the Culpeper County Health Department.

How Do I Turn In My Completed Packet?

Completed packets may be submitted:

In-Person:

Clerk's Office, Town Hall (first floor), 400 South Main Street, Culpeper

By Mail:

Town Clerk's Office
400 South Main Street, Suite 105
Culpeper, Virginia 22701

By E-mail:

ClerksOffice@culpeperva.gov.

In the Drop-Box (see photo):

Located in the parking lot of Town Hall, 400 South Main Street, Culpeper. The drop box is checked every morning at 8:00 AM. **Do not deposit cash in the drop box.**



Questions? Please call (540) 829-8240.

Ashley R. Clatterbuck, Town Clerk, [email Contact Form](#)

Katherine Maines, Deputy Town Clerk, [email Contact Form](#)

Courtney Strawser, Administrative Specialist, [email Contact Form](#)