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BUSINESS PROFESSIONAL AND OCCUPATIONAL LICENSE (BPOL) AND FEE REIMBURSEMENT APPLICATION ACCIDENT POTENTIAL ZONE (APZ-1)

Please complete and sign the application form and email/return it along with the supporting documentation listed in Section 2 to the following contact:

Eric Severn
City of Virginia Beach
Department of Economic Development
4525 Main St., Suite 700
Virginia Beach, Virginia 23462

Please note that an incomplete application will not be processed. If you have any questions regarding the incentive program, contact Eric Severn ESevern@vbgov.com.

SECTION 1: APPLICANT INFORMATION

1. FIRST AND LAST NAME OF APPLICANT	**2. NAME OF PROPERTY OWNER**
3. MAILING ADDRESS *(Street, Apt. No., City, State and ZIP Code)*	**4. EMAIL/TELEPHONE** *(Include Area Code)* Phone: ( ) Email:
5. GPIN OF PROPERTY (VISIT VBGOV.COM/REALESTATE	
6. LEGAL DESCRIPTION OF PROPERTY, IF KNOWN	
7. ADDRESS OF PROPERTY *(Street, Apt. No., City, State and ZIP Code; if different from mailing address)*	**8. AGE OF STRUCTURE**
9. PROJECT DESCRIPTION: *(Please specify if new construction or rehabilitation of existing building)*	
9a. IDENTIFY PRIOR USE OF PROPERTY:	
10. ARE MULTIPLE PROPERTIES INVOLVED IN PROJECT? *(✓ one)* **YES** ☐ **NO** ☐	
10a. IF YES, LIST ADDRESS AND GPIN OF PROPERTIES BELOW	

SECTION 2: CONFIRMATION OF QUALIFYING BUSINESS STATUS

PART A – INTRODUCTION

Qualifying businesses may include those currently located in APZ-1, existing or new businesses locating or relocating into APZ-1. Business must be a compatible use under Section 1804, Table 2 of the City Zoning Ordinance ("CZO") and meet development standards set forth in Section 1810 of the CZO. Subject to availability of program funds. Additional program requirements or restrictions may apply.

In order for the application to be approved for reimbursement, City staff will review the following pursuant to City Code § 35.2-11:

- Compatibility determination letter from the Zoning Administration office
- Certificate of Occupancy (Planning Department/Building Permits)
- Business License and related requirements will be verified by the Commissioner of the Revenue.
- Comply (and continue to maintain compliance) with the development standards set forth in Section § 1810 of the City Zoning Ordinance.

PART B – APPLICANT REQUIRED DOCUMENTATION FOR FEE REIMBURSEMENTS (TO BE SUBMITTED WITH APPLICATION)

1. Provide pictures of the building (all angles) and the entire site including landscaping
2. Copies of receipts and proof of payment of applicable fees for reimbursement (e.g., canceled check)
3. Complete **PART D** below

PART C – APPLICANT REQUIRED DOCUMENTATION FOR BPOL REIMBURSEMENT (TO BE SUBMITTED WITH APPLICATION)

1. Provide pictures of the building (all angles) and the entire site including landscaping. If this is new construction, please provide building elevations.
2. Complete **PART E** below

PART D - REQUEST FOR 100% REIMBURSEMENT OF FEES

Type of Fees *(List them separately,* ***exclude HRSD fees)***	Amount to be Reimbursed
	TOTAL: $

PART E - REQUEST FOR 90% TAX REBATE OF BPOL

DO YOU HAVE A CURRENT BUSINESS LICENSE? *(✓ one)* **YES** ☐ **NO** ☐

BUSINESS OWNER *(Corporation, LLC, Sole Proprietor)* **TRADE** _____

NAME *(Name of the business / DBA)*

Oath: I, the undersigned, do swear (or affirm) that the aforementioned figures and statements are true, full and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT:	**DATE:**