

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 supporting documentation to the following contact: imouak@vbgov.com.

Ihsane Mouak
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 Ihsane Mouak at (757) 385-6448 or imouak@vbgov.com.

SECTION 1: APPLICANT INFORMATION	BUSINESS LICENSE NAME
1. NAME OF APPLICANT	2. NAME OF PROPERTY OWNER
3. MAILING ADDRESS <i>(Street, Apt. No., City, State and ZIP Code)</i>	4. EMAIL/TELEPHONE <i>(Include Area Code)</i> Phone: () Email:
5. GPIN OF PROPERTY	
6. LEGAL DESCRIPTION OF PROPERTY	
7. ADDRESS OF PROPERTY <i>(Street, Apt. No., City, State and ZIP Code; if different from mailing address)</i>	8. AGE OF STRUCTURE
9. PROJECT DESCRIPTION: <i>(Please specify if new construction or rehabilitation of existing building)</i>	
9a. IDENTIFY PRIOR USE OF PROPERTY:	
10. ARE MULTIPLE PROPERTIES INVOLVED IN PROJECT? (✓ one) YES <input type="checkbox"/> NO <input type="checkbox"/> 10a. IF YES, LIST PROPERTIES BELOW	
10b. ADDRESS OF PROPERTY <i>(Street, Apt. No., City, State and ZIP Code)</i>	
10c. GPIN OF PROPERTY (VISIT VBGOV.COM/REALESTATE)	

SECTION 2: CONFIRMATION OF QUALIFYING BUSINESS STATUS

PART A

Businesses may be eligible for one or both incentive benefits pursuant to City of Virginia Beach Code Sections § 35.2-1-11 :

- 1) Rebate of ninety (90) percent of business, professional and occupational license (BPOL) taxes for a period of fifteen (15) years from the date of the approval; and
- 2) Reimbursement of fees imposed under the building code, zoning ordinance, subdivision regulations and the site plan ordinance, and water and sewer connection fees (excluding HRSD fees) for new construction, rehabilitation and/or build-out of an existing commercial building.

Eligible businesses must meet the following criteria:

- a. Be located in the APZ-1 Business Opportunity Zone; and
- b. Conform with the requirements of Section 1804, Table 2 of the City Zoning Ordinance ("conforming use"); and
- c. Comply (and continue to maintain compliance) with the development standards set forth in Section § 1810 of the City Zoning Ordinance.
- d. Register with the Commissioner of the Revenue and maintain a current business license, as needed.

Qualifying businesses may include those currently located in APZ-1, existing or new businesses locating or relocating into APZ-1. Subject to availability of program funds. Additional program requirements or restrictions may apply.

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

- Copies of receipts and proof of payment (i.e. canceled check, bank statement) of applicable fees for reimbursement
- Pictures of the building (all angles) and the entire site including landscaping. If this is new construction, please provide building elevations.

INTERNAL STAFF REVIEW CHECKLIST

In order for the application to be approved for reimbursement, city staff will review the following:

- 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.

REQUEST FOR 100% REIMBURSEMENT OF FEES

Type of Fees <i>(List them separately, exclude HRSD fees)</i>	Amount to be Reimbursed
	TOTAL: \$

REQUEST FOR 90% TAX REBATE OF BUSINESS PROFESSIONAL OCCUPATIONAL LICENSE

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: