

The following instructions will help guide you to file and pay for your *Other County Licenses* renewal on the county website.

WWW.FAIRFAXCOUNTY.GOV/TAXES/BUSINESS/OTHER-COUNTY-LICENSES



- STEP 1:** ➤ Select File & Pay Other County Licenses under Business Resources
- Begin the renewal process by clicking on “File & Pay Other County Licenses.”

FILE & PAY OTHER COUNTY LICENSES



STEP 2: ➤ Under Applicant Information, fill out the required fields

➤ If this is your first time filing, please select the New Account checkbox

Applicant Information

Owner Name * <input type="text"/>	Trade Name * <input type="text"/>	FEIN * <input type="text"/>
Business Account Number * <input type="text"/>	<input type="checkbox"/> New account	
Location Address * <input type="text"/>	Mailing Address * <input type="text"/>	
Contact Name * <input type="text"/>	Phone # * <input type="text"/>	Email * <input type="text"/>

STEP 3: ➤ Select license type from the dropdown menu.



- For [Mixed Beverage](#), proceed to pages 5-8.
- For [Circus & Carnival](#), proceed to page 9.
- For [Bondsman](#), proceed to page 11.
- For [Auto Graveyard](#), proceed to page 13.
- For [Fortune Teller](#), proceed to page 15.

- Proceed to [Payments](#) on pages 17–28 once completed.

Select License Type

License Type *

Mixed Beverage

Circus & Carnival

Bondsman


Auto Graveyard

Fortune Teller

Mixed Beverage

- STEP 1:**
- Enter the start date in MM/DD/YYYY format.
 - Select the business seating capacity range from dropdown options.

Start Date *
Start Date is required (MM/DD/YYYY)


Provide the date the business began serving mixed beverages.

Seating Capacity *

▼

- 50-100
- 101-150
- Over 150
- Non-Profit Club

Mixed Beverage

- STEP 2:** ➤ If the start date is in prior year, please select any prior year(s) for which a payment has not been previously made.
- Current year liability will be automatically applied.

Mixed Beverage License Filing

Start Date *
07/01/2005

Seating Capacity *
50-100

Provide the date the business began serving mixed beverages.

Filing Years *
Please select any prior year(s) for which payment has not previously been made.

2024

2023

2022

Total Amount Due *
\$ 0.00



Mixed Beverage

STEP 3: ➤ Once selected, a total amount due will automatically be generated in the grey box below.

Mixed Beverage License Filing

Start Date * **Seating Capacity ***

Provide the date the business began serving mixed beverages.

Filing Years *
Please select any prior year(s) for which payment has not previously been made.

<input checked="" type="checkbox"/>	2024	Fee \$	<input type="text" value="200.00"/>
<input checked="" type="checkbox"/>	2023	Fee \$	<input type="text" value="200.00"/>
<input checked="" type="checkbox"/>	2022	Fee \$	<input type="text" value="200.00"/>

Total Amount Due *

You have successfully renewed
your Mixed Beverage License!
Proceed to Payments on pages 17-
28.

Circus & Carnival

- STEP 1:** ➤ Enter required information marked with *.
- Enter valid dates in the (MM/DD/YYYY) format in the future.
 - License fee and Total Amount Due will automatically generate once completed.

Circus and Carnival License Filing

Event Name *

Event Start Date *
Enter a valid date (MM/DD/YYYY)

Event End Date *
Enter a valid date (MM/DD/YYYY)

Event Location *

Sponsor / Organizer Name *

Sponsor / Organizer Address *

Sponsor / Organizer Phone *

Sponsor / Organizer Email *

Estimated Attendance *
Enter a number greater than 0

License Fee
100.00

Total Amount Due *
\$ 0.00

You have successfully filed your
Circus & Carnival License! Proceed
to Payments on pages 17-28.

Bondsman

- STEP 1:** ➤ Enter required information marked with *.
- License fee and Total Amount Due will automatically generate once completed.

Bondsman License Filing

Applicant Name *

Business Name *

Business Address *

Phone *

Email *

License Year *
2025

License Fee
100.00

Total Amount Due *
\$ 0.00

You have successfully filed your
Bondsman License! Proceed to
Payments on pages 17-28.

Auto Graveyard

- STEP 1:**
- Enter required information marked with *.
 - License fee and Total Amount Due will automatically generate once completed.

Auto Graveyard License Filing

Business Name *

Business Address *

Owner / Operator Name *

Phone *

Email *

License Year *
2025

License Fee
100.00

Total Amount Due *
\$ 0.00

You have successfully filed your
Auto Graveyard License! Proceed
to Payments on pages 17-28.

Fortune Teller

- STEP 1:**
- Enter required information marked with *.
 - License fee and Total Amount Due will automatically generate once completed.

Fortune Teller License Filing

Applicant Name *

Business Name *

Business Address *

Phone *

Email *

License Year *
2025

License Fee
[Greyed out]

Total Amount Due *
\$ 0.00

You have successfully filed your Fortune Teller License! Proceed to Payments on pages 17-28.

Payment

STEP 1: ➤ Select your preferred payment method and click make payment.



- For [bank account](#), see pages 18 – 22.
- For [credit card](#), see pages 23 – 27.
 - Please note a 3rd party service fee will be charged for card payments.
- For [mail](#), see step 28.

Payment Method: *

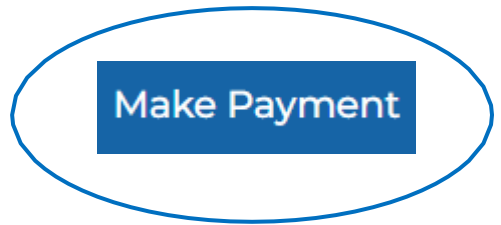
--Select--

--Select--

Bank Account

Credit Card

Mail



Payment: Bank Account

STEP 1: ➤ If selected Bank Account, select electronic check on the dropdown menu.

Payment

Payment Type

Payment Type *

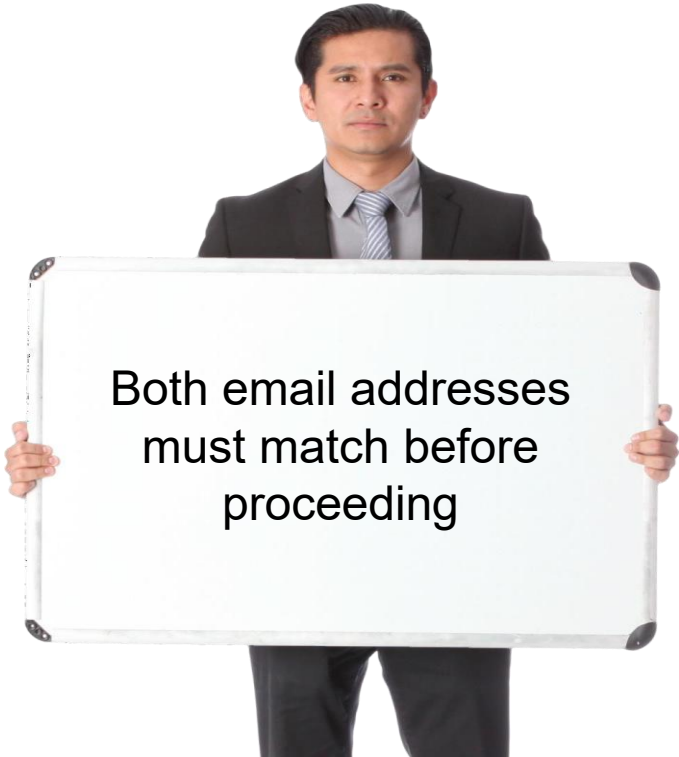
Electronic Check ✓ ▾

➤ Select "Next".



Payment: Bank Account

STEP 2: ➤ Fill out required customer information. Click “Next” when completed.



Customer Information Complete all required fields [*]

Country *

Full Name *

Company Name

Address *

Address 2

City *

State *

ZIP/Postal Code *

Phone Number

Email *

Confirm Email



Payment: Bank Account

STEP 3: ➤ Fill out required payment information.
Click “Next”.

Payment Information


Complete all required fields [*]

Name on Account *

 This is a business account.

Routing Number * Account Number * ?

Re-enter Account Number. *

 Checking Savings

Next >

Payment: Bank Account

- STEP 4:**
- Scroll to read the terms and conditions.
 - Select the checkbox “Yes, I authorize this transaction”.
 - Click “Submit Payment”.

Payment Information ✓

Electronic Check Edit
****6789

Name on Account
Jane Doe

Terms and Conditions

institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

8. I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing Fairfax County Dept of Taxation's state.

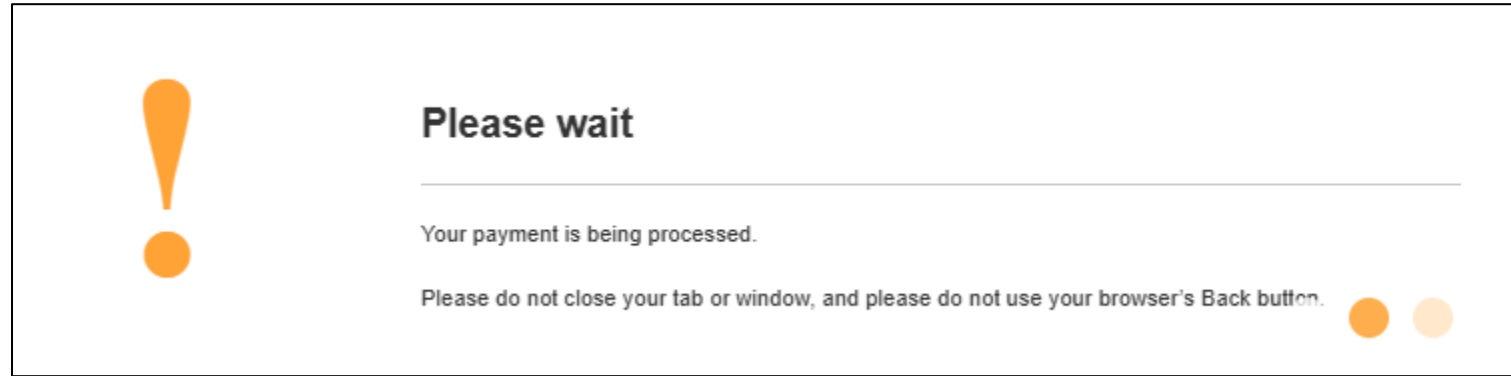
Yes, I authorize this transaction.

Cancel

Submit Payment

Payment: Bank Account

STEP 5: ➤ Please stay on the page for your payment to be processed.



➤ A payment and transaction details receipt will be available to print.

Payment: Credit Card

STEP 1: ➤ If selected Credit Card, select credit/debit card on the dropdown menu.

Payment

Payment Type

Payment Type *

Credit/Debit Card ✓ ▾

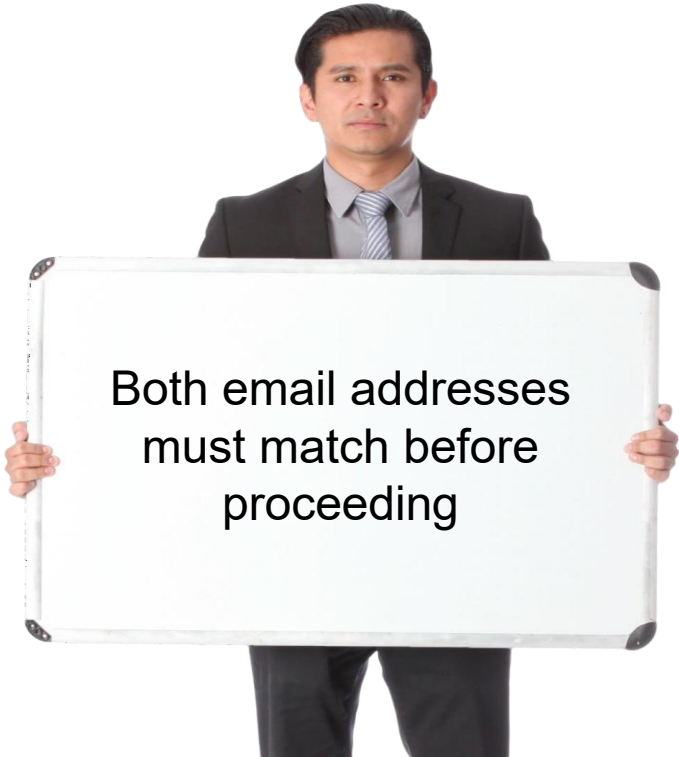
➤ Select "Next".

Next >



Payment: Credit Card

STEP 2: ➤ Fill out required customer information. Click “Next” when completed.



Customer Information

Complete all required fields [*]

Country *
United States

Full Name *
Jane Doe ✓

Company Name
[Empty]

Address *
1234 Doe Street ✓

Address 2
[Empty]

City *
Doe ✓

State *
VA - Virginia ✓

ZIP/Postal Code *
12345 ✓

Phone Number
[Empty]

Email * ?
jane.doe@gmail.com ✓

Confirm Email ?
jane.doe@gmail.com ✓




Payment: Credit Card





STEP 3: ➤ Fill out required payment information.
Click “Next”.

Payment Information


Complete all required fields [*]

Credit Card Number * 


Credit Card Type


   

Expiration Month *

Select a Month 

Expiration Year *

Select a Year 

Security Code * 

Name on Credit Card *



Payment: Credit Card

- STEP 4:** ➤ Review payment information and edit if necessary.
➤ Click “Submit Payment”.

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

[Edit](#)

Address
Jane Doe
1234 Doe Street
Doe, VA 12345

Country United States

Email Address
Jane.Doe@gmail.com

Payment Information ✓

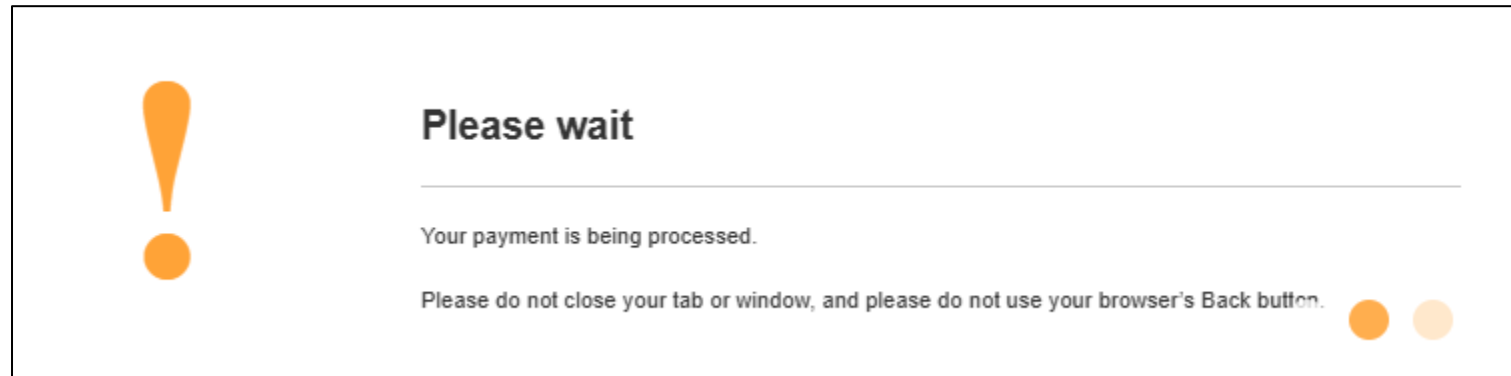
Address
Jane Doe
1234 Doe Street
Doe, VA 12345

Country
United States

[Cancel](#) [Submit Payment](#)

Payment: Credit Card

STEP 5: ➤ Please stay on the page for your payment to be processed.



➤ A payment and transaction details receipt will be available to print.

Payment: By Mail

- STEP 1:**
- A PDF of your completed application will be generated.
 - Print out the application and mail it along with your payment.
 - Make checks payable to County of Fairfax.
 - Mail to:

Attn: Other County Licenses
12000 Government Center Parkway, Suite 223
Fairfax, VA 22035



You have successfully paid your
Other County License!