



BUSINESS LICENSE APPLICATION
NON-RESIDENT CONTRACTOR

Finance Department
121 THOMPSON STREET
PO BOX 1600
ASHLAND, VIRGINIA 23005-4600
finance@ashlandva.gov
Telephone: (804) 798-8650
Fax: (804) 798-4892

Applicant _____

Trading As _____

Mailing Address _____

State Contractor's Number _____ Telephone Number _____

Federal ID Number _____ Social Security # _____

TYPE OF BUSINESS ENTITY (CHECK ONE):

SOLE PROPRIETORSHIP

PARTNERSHIP Name of Partners _____

CORPORATION Registered agent in Virginia: _____

Names of Corporations Officers: _____

A business license must be filed for non-resident contractors only on project(s) that total over \$25,000.00. If you have more than one project, please list each project on a separate form.

Construction project location/address
And business or owners' name(s) _____

Estimated dates of construction project(s):

Beginning Date: _____

Approximate finish date: _____

Line 2 - Gross Receipts From Construction Project _____

LICENSE TAX COMPUTATION:

If line 2 is \$25,000 or more, multiply by .0007 _____

PLEASE ATTACH CERTIFICATION OF WORKERS COMPENSATION
INSURANCE IN VIRGINIA LICENSE CANNOT BE ISSUED
WITHOUT THIS CERTIFICATION.

CERTIFICATION OF LICENSEE:

I certify that the foregoing statement and figures are true, full, and correct to the best of my knowledge and belief:

Signature Title Date