



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

Applicant \_\_\_\_\_

Trading As \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email 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