



BUSINESS LICENSE APPLICATION

NON-RESIDENT CONTRACTOR

(804)798-8650

Town of Ashland

P.O. BOX 1600

Ashland, VA. 23005

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: _____

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 for my knowledge and belief:

Signature Title Date