



Lara M. S. Overly
Commissioner

COMMISSIONER OF THE REVENUE
P.O. Box 245, Williamsburg, Virginia 23187
Phone (757) 220-6150
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APPLICATION FOR CONTRACTOR'S BUSINESS LICENSE

TYPE OF OWNERSHIP: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION LLC/PLLC/PC

LEGAL BUSINESS NAME

SOLE PROPRIETOR _____

PARTNERSHIP _____

LLC/CORP/etc. _____

SSN: _____ **FED ID #:** _____ **STATE ID #:** _____

DBA/TRADE NAME/ASSUMED NAME*: _____

*No person shall conduct or transact business in the Commonwealth under any assumed or fictitious name unless such person files in the office of the clerk of the Virginia State Corporation Commission a certificate of assumed or fictitious name. No business license application will be accepted by the Commissioner of the Revenue without a copy of the certificate of assumed or fictitious name (ref Code of Virginia §59.1-69 through 76).

MAILING ADDRESS: _____

_____, _____

LOCATION ADDRESS: _____

_____, _____

BUSINESS PHONE: _____ **EMAIL:** _____

OWNER, OFFICERS, OR OTHER RESPONSIBLE PARTY OF PARTNERSHIP/CORPORATION/LLC/etc.

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

PROJECT START DATE: _____ **PROJECT VALUE IN CITY:** _____

LOCATION OF PROJECT: _____

CONTRACTOR STATE REGISTRATION #: _____

CLASS A CLASS B CLASS C TRADESMAN CERTIFICATION

PLEASE PROVIDE A LIST OF ALL SUB-CONTRACTORS FOR THE PROJECT (use additional page if necessary): _____

DECLARATION: I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

OFFICE USE ONLY

ISSUE DATE _____ ACCOUNT NUMBER _____