APPLICATION
FOR
POWHATAN COUNTY BUSINESS LICENSE

PLEASE APPLY IN THE OFFICE OF THE COMMISSIONER OF THE REVENUE.

A LICENSE IS NOT REQUIRED UNTIL YOU EXCEED $3,000.00 IN GROSS RECEIPTS IN LICENSE TAX YEAR.

LICENSE FEE: $50.00 LATE PAYMENT PENALTY: $10.00

LICENSE TAX YEAR SHALL COMMENCE WITH JANUARY 1ST AND END DECEMBER 31ST. RENEWAL DEADLINE IS MARCH 1ST.

PLEASE COMPLETE ENTIRE APPLICATION AS IT APPLIES TO THE BUSINESS, USING N/A WHERE IT DOES NOT APPLY. YOUR BUSINESS MUST BE PROPERLY ZONED BEFORE YOU MAY BEGIN OPERATING. YOU MUST HAVE SECTION 4 OF THIS APPLICATION COMPLETED BY THE COUNTY ZONING OFFICIAL BEFORE WE CAN ISSUE YOUR LICENSE. IF YOU HAVE ANY QUESTIONS ABOUT THE ZONING, PLEASE CALL (804) 598-5623.

ALL TRADE / ASSUMED NAMES MUST BE REGISTERED WITH THE CLERK OF THE CIRCUIT COURT OF YOUR LOCALITY BEFORE THIS LICENSE CAN BE ISSUED. PLEASE BRING A COPY OF YOUR REGISTERED CERTIFICATE WITH YOU WHEN APPLYING.

VIRGINIA LAW REQUIRES EVERY EMPLOYER WHO REGULARLY EMPLOYS THREE OR MORE FULL-TIME OR PART-TIME EMPLOYEES TO PURCHASE AND MAINTAIN WORKERS’ COMPENSATION INSURANCE. EMPLOYERS WITH FEWER THAN THREE EMPLOYEES MAY VOLUNTARILY COME UNDER THE ACT.

PLEASE TYPE OR PRINT:

SECTION 1: BUSINESS INFORMATION

NAME OF BUSINESS: ____________________________________________

ADDRESS OF BUSINESS: ________________________________________

CITY / COUNTY: __________________________ STATE: ___________ ZIP: ___________

MAILING ADDRESS IF DIFFERENT FROM ABOVE: ____________________________

CITY / COUNTY: __________________________ STATE: ___________ ZIP: ___________
FEDERAL ID#: ________________________ OR SOCIAL SECURITY #: ________________________

NAME AND TITLE OF PERSON COMPLETING THIS FORM: _________________________________

PLEASE GIVE A BRIEF DESCRIPTION OF BUSINESS ACTIVITY: _______________________________________

PHONE # OF BUSINESS: _________________________ CONTACT PHONE #: _______________________

E-MAIL ADDRESS: ______________________________ FAX #: ________________________

IF YOUR BUSINESS ADDRESS IS THE SAME AS HOME ADDRESS, PLEASE ANSWER THE FOLLOWING:

PLEASE CIRCLE ANSWER:

1. DOES THE AREA OF HOME USED EXCEED THE EQUIVALENT OF ONE QUARTER OF ONE FLOOR? YES NO

2. ARE EXTERIOR ALTERATIONS TO HOME REQUIRED? YES NO

3. DO CLIENTS OR EMPLOYEES COME ONTO PREMISES? YES NO

4. ARE COMMODITIES STORED OR SOLD THAT ARE NOT MADE ON PREMISES? YES NO

5. WILL THERE BE ANY BUSINESS SIGNAGE ON PREMISES? YES NO

6. HOW MANY MOTOR VEHICLES USED IN YOUR BUSINESS WILL BE PARKED ON THE PREMISES? 1 2 3 4 5 OR MORE

7. WITH WHOM DO YOU INTEND TO DO BUSINESS? (CONSUMER, OTHER BUSINESSES, ETC.) _____________________________________________

SECTION 2: CONTRACTOR INFORMATION

DO YOU HAVE A STATE A, B, OR C LICENSE? YES NO APPLIED FOR

STATE CONTRACTOR’S #: ________________________ EXP DATE: ________________________
IF NOT AVAILABLE NOW, PLEASE NOTIFY US OF THE NUMBER UPON RECEIPT.

THE STATE OF VIRGINIA REQUIRED ALL CONTRACTORS TO OBTAIN A STATE CONTRACTORS LICENSE IF THE CONTRACTOR BIDS $1,000.00 OR MORE ON ANY ONE JOB. IT IS THE RESPONSIBILITY OF THE GENERAL CONTRACTOR TO HIRE ONLY PROPERTY LICENSED SUBCONTRACTORS.
EFFECTIVE ON JANUARY 1, 1998, THE GENERAL ASSEMBLY ENACTED LEGISLATION REQUIRING ALL CONTRACTORS TO CERTIFY COMPLIANCE WITH SECTION 65.2-801 OF THE WORKERS' COMPENSATION ACT. ALL CONTRACTORS MUST COMPLETE THE ATTACHED CERTIFICATION FORM.

IF YOU ARE NOT FROM POWHATAN, WHERE IS YOUR PRINCIPAL OFFICE LOCATED?

SECTION 3: FREEDOM OF INFORMATION

IF YOU DO NOT WANT YOUR NAME, ADDRESS, OR PHONE NUMBER MADE AVAILABLE TO THE GENERAL PUBLIC, PLEASE CHECK HERE ____________.

SECTION 4: ZONING/BUILDING INSPECTIONS REVIEW

TAX MAP #:_____________________________ ZONING:_____________________________

ZONING APPROVAL FOR ABOVE BUSINESS?    YES    NO

SIGNATURE OF ZONING ADMINISTRATION______________________________DATE____________________

RECOMMENDATIONS________________________________________________________

BUILDING APPROVAL FOR ABOVE BUSINESS? YES    NO

SIGNATURE OF BUILDING OFFICIAL______________________________DATE____________________

IF YOU HAVE ANY QUESTION, PLEASE CALL (804) 598-5616. IF APPLYING BY MAIL, PLEASE MAKE CHECK PAYABLE TO THE TREASURER OF POWHATAN COUNTY AND RETURN WITH ALL NECESSARY FORMS TO:

COMMISSIONER OF THE REVENUE
3834 OLD BUCKINGHAM ROAD SUITE C
POWHATAN VIRGINIA 23139
Contractor’s Certification of Insuring Liability for Workers’ Compensation in Virginia

Complete and file this form with each Virginia locality where you have applied for or are renewing a business license. Do not attach any documents to this certificate.

Name of City, Town or County in Virginia Issuing License: ________________________________
(A separate certificate must be filed with each locality in which you obtain a license.)

Business License Number Issued by the locality named above: ________________________________
Name of Contractor: ________________________________

Contractor’s Address: ________________________________

Contractor’s FEIN or SSN: ________________________________

Contractor’s Telephone Number: (___) ________________________________

Legal Status: (Check One) □ Sole Proprietor □ Partnership □ Corporation □ LLC
□ Other (specify) ________________________________

Method by which contractor’s liability for workers’ compensation is insured:

□ Insured by an insurance carrier licensed to do business in Virginia: (The Maryland Injured Workers Fund and the West Virginia Fund are not licensed to write W.C. coverage in Virginia)

Name of Carrier: ________________________________
Policy Number: ________________________________ Policy Effective Date: ________________________________

□ A member of a group self-insured association licensed to do business in Virginia:

Name of Self-Insured Group: ________________________________
Member Number: ________________________________ Effective Date: ________________________________

□ Self-Insured by the Virginia Workers’ Compensation Commission. Member Number:

□ Insured under a master policy of a licensed Professional Employer Organization. Name of PEO: ________________________________

□ Workers’ Compensation Insurance is not required. State Reason: ________________________________

Under penalty of law, the undersigned certifies he/she is duly authorized by the business license applicant to execute this certificate, and the business named above is in compliance with §65.2-800 et seq. of the Virginia Workers’ Compensation Act, and will remain in compliance with the law during the effective period of the business license.

Signature of Applicant or Authorized Agent: ________________________________

Print Name of Applicant or Authorized Agent: ________________________________

Date: ________________________________

V.W.C. Form 61-A has been prepared and distributed by The Virginia Workers’ Compensation Commission to local licensing authorities for their use in compliance with §58.1-3714, Code of Virginia.
CONTRACTOR STATEMENT AND AFFIDAVIT

The Code of Virginia requires:

§ 54.1-1111. Prerequisites to obtaining business license: building, etc., permit.

B. Any contractor applying for or renewing a business license in any locality in accordance with Chapter 37 (§ 58.1-3700 et seq.) of Title 58.1 shall furnish prior to the issuance or renewal of such license either (i) satisfactory proof that he is duly licensed or certified under the terms of this chapter or (ii) a written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter.

No locality shall issue or renew or allow the issuance or renewal of such license unless the contractor has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

________________________________________

WRITTEN STATEMENT OF CONTRACTOR

I am not subject to licensure or certification as a contractor or subcontractor pursuant to Chapter 54.1-1111 of the Code of Virginia, as amended.

________________________________________

AFFIDAVIT OF CONTRACTOR
[to be signed before a Notary Public]

COMMONWEALTH OF VIRGINIA      )
                               ) to wit,
COUNTY OF _____________________ )

I, [print name]__________________________, first being duly sworn, do hereby depose and state as follows:

I am not subject to licensure or certification as a contractor or subcontractor pursuant to Chapter 54.1-1111 of the Code of Virginia, as amended. I will not perform or manage construction, removal, repair, or improvements when the total value referred to in a single contract or project is $1000 or more.

_________________________            __________________________
Date                                               Signature

Subscribed and sworn to before me on this _____ day of ________, 20___

_________________________
Notary Public

My commission expires: ___________________
CERTIFICATE OF ASSUMED OR FICTITIOUS NAME
Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [ ] City [ ] County of .........................................................

1. The ASSUMED OR FICTITIOUS NAME of business

............................................................................................................................

2. The above business is owned by the following entity type:
[ ] SOLE PROPRIETORSHIP (Complete A below) [ ] PARTNERSHIP (Complete B below)
[ ] LIMITED LIABILITY COMPANY (Complete C below) [ ] CORPORATION (Complete C below).

A. NAME OF OWNER ..............................................................................................
   RESIDENCE ADDRESS ......................................................................................
   POST OFFICE ADDRESS ..................................................................................

B. NAME OF PARTNERSHIP ..................................................................................
   OFFICE ADDRESS ............................................................................................
   POST OFFICE ADDRESS ..................................................................................
   (1) Is this a general partnership? [ ] NO [ ] YES. If YES, complete the Statement of Partners on Page Two of Two.
   (2) Is this a domestic limited partnership? [ ] NO [ ] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.
   (3) Is this a foreign limited partnership? [ ] NO [ ] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission: .................................................
      A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

C. NAME OF [ ] CORPORATION [ ] LIMITED LIABILITY COMPANY

............................................................................................................................
   OFFICE ADDRESS ............................................................................................
   POST OFFICE ADDRESS ..................................................................................
   (1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.
   (2) Is this a foreign corporation or a foreign limited liability company? [ ] NO [ ] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission: .................................................

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship ............................................................................................
   NAME OF OWNER ............................................................................................
   SIGNATURE OF OWNER ...................................................................................

Partnership .........................................................................................................
   NAME OF GENERAL PARTNER ....................................................................
   SIGNATURE OF GENERAL PARTNER ............................................................

Corporation ........................................................................................................
   NAME OF PRESIDENT ..................................................................................
   SIGNATURE OF PRESIDENT ..........................................................................

Limited Liability Company ................................................................................
   NAME OF MEMBER/MANAGER ....................................................................
   SIGNATURE OF MEMBER/MANAGER ...........................................................

[ ] City [ ] County of ............................................. State/Commonwealth of .........................

Subscribed and acknowledged before me, this ............... day of ......................, 20 ..........

by ..........................................................................................................................
   NAME .............................................................................................................
   SIGNATURE ...................................................................................................
   TITLE ..............................................................................................................

My commission expires .....................................................................................

CLERK’S OFFICE

Filed in the Clerks’ Office of the ................................................................. Court on ....................., 20 ..........

..........................................................................................................................
   Clerk by ................................................., Deputy Clerk

FORM CC-109 (MASTER, PAGE ONE OF TWO) 05/09
VA. CODE § 59.1-69
STATEMENT OF PARTNERS

This is to certify that the below named persons intend to carry on business under an assumed or fictitious name as partners in the
[ ] City of [ ] County of ................................................................., and
that the following is a list of every person owning the GENERAL PARTNERSHIP set forth on the front of this certificate.

PRINTED NAME (LAST, FIRST, MIDDLE) .......................................................... SIGNATURE

................................................................. RESIDENCE ADDRESS

[ ] City [ ] County of ................................................................. State/Commonwealth of .................................................................

Subscribed and acknowledged before me this ................................................................. day of ........, 20 .................................................................

by ................................................................. NAME

................................................................. TITLE

My commission expires .................................................................

................................................................. [ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

Registration No. .................................................................

PRINTED NAME (LAST, FIRST, MIDDLE) ..........................................................

................................................................. RESIDENCE ADDRESS

[ ] City [ ] County of ................................................................. State/Commonwealth of .................................................................

Subscribed and acknowledged before me this ................................................................. day of ........, 20 .................................................................

by ................................................................. NAME

................................................................. TITLE

My commission expires .................................................................

................................................................. [ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

Registration No. .................................................................

PRINTED NAME (LAST, FIRST, MIDDLE) ..........................................................

................................................................. RESIDENCE ADDRESS

[ ] City [ ] County of ................................................................. State/Commonwealth of .................................................................

Subscribed and acknowledged before me this ................................................................. day of ........, 20 .................................................................

by ................................................................. NAME

................................................................. TITLE

My commission expires .................................................................

................................................................. [ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

Registration No. .................................................................

PRINTED NAME (LAST, FIRST, MIDDLE) ..........................................................

................................................................. RESIDENCE ADDRESS

[ ] City [ ] County of ................................................................. State/Commonwealth of .................................................................

Subscribed and acknowledged before me this ................................................................. day of ........, 20 .................................................................

by ................................................................. NAME

................................................................. TITLE

My commission expires .................................................................

................................................................. [ ] NOTARY PUBLIC [ ] CLERK/DEPUTY CLERK

Registration No. .................................................................