

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/ BUILDING OFFICIAL BEFORE WE CAN ISSUE YOUR LICENSE.** IF YOU HAVE ANY QUESTIONS ABOUT THE ZONING, PLEASE CALL (804) 598-5623. IF YOU HAVE ANY QUESTIONS ABOUT BUILDING USE, PLEASE CALL (804)-598-5622.

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
STATE CONTRACTOR'S #: _____ EXP DATE: _____

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