



County of Page Virginia, Business License Request Form

Office of the Commissioner of the Revenue, 103 S. Court St, Suite C, Luray VA 22835
(540)743-3840 ~ FAX: (540)743-1263

Outside Contractor

Directions: Complete all blanks on the Business License Request Form and attach the following: copy of State Contractor License, and a copy of the Virginia's Workers Compensation 61A acknowledgment letter. If you do not have a copy of your 61A form, please visit www.workcomp.virginia.gov to file the 61A form. Please mail all documents and payment to the Commissioner of the Revenue Office, 103 South Court Street, Suite C, Luray, VA 22835. Outside Contractors are exempt from the \$50.00 Building and Zoning Application fee. The amount due is based on the ESTIMATED gross receipts for the work conducted in Page County during the current business year. Please make check payable to the Page Country Treasurer's Office. If you need assistance configuring the amount due please call 540-743-3840.

1. Date: _____
2. Type of Ownership: Individual, Partnership, Corporation, LLC
3. Federal FEIN: _____
4. Legal Name 1: _____
(Last) (First) (Middle)
- Legal Name 2: _____
(Last) (First) (Middle)
5. Home Phone: _____ Cell Phone: _____
6. Mailing Address: _____
7. Business Name: _____
8. Business Address: _____

9. Business Phone: _____ Fax: _____
10. Email _____
Website: _____

11. Description of Business Activities: _____
12. Contractors, Builders & Developers, Architects, and Engineers:
State License No: _____
Expiration Date: _____ Class: _____
13. Estimated Calendar Year Gross: \$ _____
14. Business License Total Due: \$ _____

Tax Rates for Contractor: \$.10 per \$100. of Gross Receipts
\$20.00 Minimum Fee

CONTRACTORS: Includes general contractors, investment builders, speculative builders, subcontractors and persons who perform odd jobs and repairs, on or to a structural building, and contractors outside Page County jurisdiction with contracts exceeding \$25,000.

Declaration: I declare that the statement and figures herein given are true, full, and correct to the best of my knowledge and belief.

Print Name/Title: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received COR: _____

Acct Num: _____ BL Disc. Code: _____