



County of Accomack, Virginia Business License Application Calendar Year 20__

Leslie M. Savage, Commissioner of the Revenue
P.O. Box 186
Accomac, VA 23301
757-787-5747 or 757-824-6451

Instructions: Type or print providing full information.

The cost of each business license is \$50.00.

Return application with check payable to "County of Accomack".

A 10% penalty may be assessed if your application is late.

Licenses will be mailed to you upon receipt of application and payment.

Separate Businesses: Each separate place of business requires a separate business license and application.

New Business: Application and payment must be received prior to beginning business to avoid penalty.

Renewals: Application and payment must be received prior to March 1 of license year to avoid penalty.

Business Name:

Federal Tax ID # (Individuals may use SS# only if no Federal Tax ID # exists)

Name of officer or principal:

VA Sales and Use Number (if applicable):

Nature of Business:

VA State Contractors Number (if applicable):

Business Start Date in Accomack County:

Prior Year Gross Receipts:

Business **Mailing Address:**

Business **Physical Address** (Number & Street):

City, State, Zip:

City, State, Zip:

Business Ownership Type (check one):

- Individual
- Partnership
- Corporation
- Other

Select Business Type (check one):

- Contractor (*Contractors must also complete Contractor's Certification on back*)
- Retail Sales
- Wholesale Sales
- Financial, Real Estate and Professional
- Commission Merchant
- Repair, Personal, Business and Other Services

I declare that the above information is true and correct to the best of my knowledge.

Signature _____ *Date* _____

Print Name _____ *Daytime Telephone #* _____

E-mail address _____

Business License Fee \$ 50.00

Penalty (10%) \$ _____

Total to Remit \$ _____

**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: Accomack County, VA
(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: _____