

# TOWN OF CULPEPER

400 S Main Street, Ste 105, Culpeper, VA 22701 ♦ 540-829-8240 ♦ Fax: 540-829-8249

## APPLICATION for NON-RESIDENT CONTRACTOR LICENSE

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street address, city, state, zip)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ FEIN/Tax ID N. \_\_\_\_\_

County or Town Where Principal Office Located: \_\_\_\_\_

### VA Contractor's License Information: **(ATTACH COPY)**

Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The nature of this business during the ensuing twelve months is best described as follows:

**(Please include location where work will be performed as well as a brief description of the work being performed within the Town of Culpeper)**

\_\_\_\_\_  
\_\_\_\_\_

General Contractor for this Project: \_\_\_\_\_

If you are the general contractor, include a separate list of the names and addresses of all sub-contractors who will be performing work on the above project.

Amount of Contract Described Above: \$ \_\_\_\_\_ Fee: \$0.08 per \$100  
(when required)

**(ATTACH COPY)** of contract/letter from owner certifying amount of job)

Prior to issuance, a Workers' Compensation Commission form VWC 61A must be completed by going online to [www.workcomp.virginia.gov](http://www.workcomp.virginia.gov). Locate and complete the Online Contractor Certification Form (Form 61A), save and print a copy of your acknowledgement of compliance and **submit it with this application.**

Duration of Project: \_\_\_\_\_ Fee: \$.08 per \$100 of total contract amount  
(Days or Months) (when license required)

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I, the undersigned applicant, do swear (or affirm) that the foregoing information and the statement of gross receipts are true, full and correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
PRINTED Name & Title