

2011

OUTSIDE CONTRACTORS LICENSE APPLICATION

2011

City of Salem, Virginia

Commissioner of the Revenue

114 N Broad Street • P O Box 869 • Salem, VA 24153

Phone (540) 375-3019 Fax (540) 375-3048

scundiff@salemva.gov

PLEASE PROVIDE AND VERIFY

OWNER /CORP NAME:

FED ID # or SS #:

TRADE NAME:

STATE CONTRACTORS NUMBER:

MAILING ADDRESS:

CORP REGISTERED AGENT:

EMAIL ADDRESS:

CORP PHONE:

LOCAL CONTACT PHONE:

FAX NUMBER:

JOB LOCATION:

LOCAL CONTACT NAME:

CHECK HERE IF YOU ARE A COMPANY THAT DOES NOT INTEND TO PERFORM WORK IN OUR LOCALITY IN THE NEAR FUTURE AND WOULD LIKE FOR YOUR CITY OF SALEM ACCOUNT TO BE CLOSED

A. Total Gross Receipts Generated in Salem for 2010: \$ _____

B. Subtract amount of 2010 Gross Receipts on which you have previously paid a business license tax to Salem City: - \$ _____
*Total does not include building permit fees

C. Total Amount of Gross Receipts to be billed at this time: = \$ _____
*Difference between A and B

\$ _____ x .0016 = \$ _____
Amount calculated on line C
Tax Rate
Total Amount Due at this time

State or VA Locality in which business is physically located: _____

CONTRACTORS BASED IN A LICENSING JURISDICTION IN VIRGINIA WILL NOT BE BILLED UNTIL COMPLETEING \$25,000 WORTH OF WORK FOR THE YEAR

****City of Salem tax rate for Contractors is \$30.00 for the first \$18,750 in gross receipts plus .16 per \$100 excess****

RETURN WITH PAYMENT BY MARCH 1ST

ATTEST: I, the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

DATE

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT

PHONE # OF PREPARER

PRINTED NAME OF PREPARER OR TAXPAYER