

# ATTENTION HOME BUSINESSES

- IT IS IMPORTANT TO COMPLETE THE LICENSE FORM AND RETURN BY THE DUE DATE OF JANUARY 31<sup>ST</sup>.
- THIS WILL ELIMINATE ANY FOLLOW UP CORRESPONDENCE FROM THIS OFFICE
- IF YOUR GROSS RECEIPTS ARE UNDER THE \$8000 LIMIT NO BILL WILL BE CREATED.

Salem Contractors:

The Virginia Workers' Compensation Act, Title 65.2 of the Code of Virginia, now requires that the Commissioner of the Revenue's office verify whether or not a contractor maintains workers' compensation insurance. This will now be a condition of renewal of your City of Salem Business License.

Enclosed is a brochure that explains the requirements of the Workers' Compensation Act and the Contractor's Certificate of Insuring Liability for Workers' Compensation form. The form **must** be completed and returned before we can issue your license. As many of you are aware without your license you cannot get the building permits necessary for your job sites. Please take the time to fill this form out and return as soon as possible.

If you have any questions please call Virginia's Workers' Compensation Commission at (804)367-2071. For additional forms or any questions about your license call or come by the Commissioner of the Revenue's office.

2006

CITY OF SALEM LICENSE APPLICATION  
 COMMISSIONER OF THE REVENUE  
 LINDA M. CARROLL  
 114 N. BROAD ST. • P.O. BOX 869 • SALEM, VA 24153  
 PHONE – 540-375-3019 FAX – 540-375-3048  
[kchittum@ci.salem.va.us](mailto:kchittum@ci.salem.va.us)  
PLEASE PROVIDE AND VERIFY

2006

OWNER OR CORPORATION  
 TRADE NAME  
 MAILING ADDRESS  
 EMAIL ADDRESS

SS# OR FED. ID #  
 LOCATION  
 PHONE  
 FAX NUMBER

**RETURN BEFORE JANUARY 31, 2006**

**A PENALTY OF 10% OF TAX OR \$10.00, WHICHEVER IS GREATER, WILL BE ASSESSED TO ANYONE FILING AFTER THAT DATE**

DESCRIPTION	ACTUAL 2005 GROSS RECEIPTS
Amusement Service \$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Business Service \$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Contractor \$30.00 first 18,750 Gross Receipts plus 16¢ per \$100 excess	
<b>Important Contractors Attach Copies of Receipts to Other Jurisdictions &amp; Subtract from total</b>	
Finance Service \$30.00 first 15,000 Gross Receipts plus 20¢ per \$100 excess	
Personal Service \$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Professional Service \$30.00 first 5,173 Gross Receipts plus 58¢ per \$100 excess	
Real Estate Service \$30.00 first 5,173 Gross Receipts plus 58¢ per \$100 excess	
Repair Service \$30.00 first 8,334 Gross Receipts plus 36¢ per \$100 excess	
Retail Merchants \$30.00 first 15,000 Gross Receipts plus 20¢ per \$100 excess	
Short Term Rental \$30.00 first 15,000 Gross Receipts plus 20¢ per \$100 excess	
Wholesale Merchants \$50.00 first 10,000 Purchases plus 13¢ per \$100 excess	
Tobacco \$10.00 <input type="checkbox"/> Wine & Beer On & Off \$100.00 <input type="checkbox"/>	
Wine & Beer On \$50.00 <input type="checkbox"/> Wine & Beer Off \$50.00 <input type="checkbox"/>	
Number of Seats Approved by ABC Board for mixed beverages _____	
Solicitor \$15.00 <input type="checkbox"/> Show & Sale \$30.00 <input type="checkbox"/> Itinerant \$50.00 <input type="checkbox"/>	
Peddler \$200.00 <input type="checkbox"/> Supplemental _____	

**IF YOU ARE NO LONGER IN BUSINESS, GIVE DATE YOU CEASED TO OPERATE**

**DO NOT SEND A CHECK WITH THIS FORM.**

**UPON RECEIPT OF YOUR APPLICATION, WE WILL CALCULATE YOUR TAX AND SEND YOU A BILL, PAYABLE BY MARCH 1, 2006.**

**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

**SEE REVERSE SIDE FOR MORE INFORMATION**

\_\_\_\_\_  
Print Name of Preparer