



T. Scott Harris, MCR
Commissioner

COUNTY OF HANOVER, VIRGINIA
Office of the Commissioner of the Revenue
P.O. Box 129
Hanover, VA 23069-0129
Tel: (804) 365-3377 Fax: (804) 365-6111
Email: corbusiness@hanovercounty.gov

**CONTRACTOR'S BUSINESS
LICENSE APPLICATION
TAX YEAR 2020**

Account Number		Please Select One		
		<input type="checkbox"/> Hanover Based Contractor	<input type="checkbox"/> Out of County/State Contractor	
Legal Business Name		Physical Address		
Trade Name/DBA		Mailing Address		
FEIN	SSN (Sole Proprietors)	Contact Number	Business Number	Fax Number
VA State Contractor Number	Email Address		Website	

Single Project Contractors		
If you are an out of county/state contractor working on a single project, your tax will be based on the estimate of the project. You'll be asked to true-up when the job is complete.		
Project Start Date	Project End Date	Estimated Project Costs

Pursuant to Virginia State Code §58.1-2700, every contractor shall obtain a license for each business. If the gross receipts of the business exceed \$100,000 in the prior year, there shall be a license tax in the amount of ten cents (\$0.10) per one hundred dollars (\$100.00) of gross receipts. The license tax is assessable, due and payable by March 1 of each license year.

GROSS RECEIPTS CALCULATOR	
A	Total Gross Receipts \$
Gross Receipts Where Fee Was Paid to Other Locality	
*Locality	Gross Receipt Amount
	\$
	\$
	\$
	\$
B	Total Paid Others \$
*Attach an additional sheet if necessary. Enter in field for a locality.	
Net Reportable Receipts To Hanover County Sum of A - B \$	

LICENSE TAX CALCULATOR	
RCT	Reportable Receipts to Hanover/Estimated Project Cost
TR	Tax Rate X 0.001
TAX	If RCT is \$100,000 or less, enter \$0.00; otherwise, multiply RCT by Tax Rate
LFP	Late Filing Penalty: Multiply TX by 10% if renewing after 03/01/2020
DUE	***TOTAL DUE: Sum of TAX + LFP
*** If a license application is not filed and the tax is not paid within the time provided, the amount due shall be subject to interest at ten percent (10%) per annum commencing on the first day following the day such tax is due as well as a ten percent (10%) late filing penalty. Please contact the Hanover County Treasurer's Office at (804) 365-6050 for the actual interest rate or any other additional payment information.	

Contractor's Certification of Workers' Compensation Liability (VA Form 61-A) MUST be completed and submitted with this application. You may also submit a confirmation from the Virginia Workers' Compensation Commission.

Declaration: By signing below, I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief. I acknowledge the Workman's Compensation requirements as stated above.

Signature	Date	Telephone Number
Signature (person other than taxpayer preparing this form)	Date	Telephone Number

INSTRUCTIONS FOR THE COUNTY OF HANOVER APPLICATION FOR CONTRACTOR'S LICENSE

Pursuant to Virginia State Code §58.1-3700 et seq, every contractor shall obtain a license for each business. **The License tax is assessable, due, and payable by March 1 of each license year.** If a license application is not filed and the tax is not paid within the time provided, the amount due shall be subject to interest at ten percent (10%) per annum commencing on the first day following the day such tax is due as well as a ten percent (10%) late filing penalty. Hanover based contractors that do not file, may be issued a statutory assessed Contractor's Business License bill.

Licenses are based on **gross receipts** that were earned by the business in the prior year. The calculation of gross receipts for license tax purposes shall be on either the cash or accrual method provided that the method used coincides with the method of accounting used for federal and state income tax purposes.

If the gross receipts of the business exceed \$100,000 in the prior year, there shall be a license tax in the amount of ten cents (\$.10) per one hundred dollars (\$100.00) of gross receipts. To calculate a Contractor's License Tax, multiply your gross receipts by .001.

Example: if gross receipts are \$200,000.00, multiply this figure by .001 for a Contractor's Business License Tax of \$200.00.

The fee schedule differs for contractors based in Hanover County from those whose main office is based outside of the County. Reference the chart below to determine your filing status:

Hanover Based Contractor	License Application Required?	License Tax Due?
Gross receipts UP TO \$100,000.00	YES	NO
Gross receipts GREATER than \$100,000.00	YES	YES

Contractor based outside of Hanover County	License Application Required?	License Tax Due?
Gross receipts UP To \$25,000.00	NO	NO
Gross receipts greater than \$25,000.00 up to \$100,000.00	YES	NO
Gross receipts GREATER than \$100,000.00	YES	YES

Important Notes

- If you are not State Registered as a Class A, B, or C Contractor, you must sign an affidavit stating that you are not subject to licensure or certification as a contractor or subcontractor pursuant to Virginia State Code §54.1-1111.
- In order to process your license, a Worker's Compensation form must be completed if applicable
- If you have property located in Hanover County on January 1st you must file Business Returns of Tangible Personal Property by May 1st.
- Checks should be made payable to: County of Hanover
- You may submit Contractor's Business License Renewals and conduct other business with our office online at:

<https://taxes.hanovercounty.gov/>

If you have any questions about this form or the process, please feel free to contact the Business Division of the Commissioner of the Revenues Office:

Telephone	Fax	Email
804-365-3377	804-365-6111	corbusiness@hanovercounty.gov
Mailing Address		
Post Office Box 129, Hanover, Virginia 23069-0129		
Physical Address		
7507 Library Drive, Chenault-Weems Building, Room 015 (Downstairs)		

Contractor's Certificate of Workers' Compensation Insurance

(Form 61-A)



PLEASE COMPLETE FULLY AND LEGIBLY

www.workcomp.virginia.gov

Electronic Filing Available Online

Name of Business Owner / Contractor Last:			Business or Trade Name		
First:			Business Federal Employer ID (FEIN) or Tax ID Number:		
Business Owner / Contractor's Home Mailing Address:			Business Address if different from Business Owner Address:		
City: State: Zip:			City: State: Zip:		
Home Telephone:			Business: Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> # of officers <input type="checkbox"/> # of paid members <input type="checkbox"/> # of partners: <input type="checkbox"/>		

WORKERS' COMPENSATION INSURANCE <i>If you have workers' compensation insurance check type and complete below:</i>		Type of Trade or Industry:	
List <u>ONLY</u> WORKERS' COMPENSATION, <u>not</u> General Liability		Business Telephone:	E-mail Address:
<input type="checkbox"/> Insurance Carrier licensed in Virginia <input type="checkbox"/> Self-insured with certificate of authorization issued by the Virginia Workers' Compensation Commission <input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission <input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia		If you do not list workers' compensation insurance you <u>must</u> answer below: 1. Do you have more than two part-time or full-time employees? <small>(Note: Corporate officers, LLC managers, part-time employees and employees of your subcontractors generally count as your employees for Workers' compensation purposes. Filing of a 1099, payment of cash wages or designating a worker an "Independent Contractor" does not necessarily eliminate or alter employee status under the Workers' Compensation Act.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	
NCCI Carrier Code	Name of Insurance Carrier, Self-Insured, GSIA or PEO:	2. Do you hire Independent Contractors or subcontractors with employees to assist you in your work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy, Master Policy or Certificate Number:		What is the number of subcontractor workers that assist you in your work? <input type="checkbox"/>	
Policy Effective Date:	Policy Expiration Date:	Failure to insure when required by law shall subject an employer to civil penalties of up to \$250 per day uninsured, subject to a maximum penalty of \$50,000.00 plus costs, pursuant to Virginia Code § 65.2-805	

Under penalty of perjury, the undersigned certifies/he is duly authorized by the business license applicant to execute this certificate; the information provided herein is correct; and the business is in compliance with Chapter 8 of Title 65.2 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 (Contractor or Business Owner)	Date
Print Name of Applicant	

For questions regarding how to complete this form, please contact the Commission toll-free at **1-877-664-2566** or 804 205-3586

Certificates of Insurance Cannot be Accepted in Lieu of a Completed Form

INSTRUCTIONS FOR COMPLETING THE VWC FORM 61-A

To be completed by the contractor. All information requested is required.

1. Enter the Business owner / Contractor's name, mailing address and phone number, all information is required.
2. Enter the complete name of business. Additionally list the trade name under which the business operates if a trade name is used.
3. Enter the business address that is used to receive mail by the U.S. Postal Service, if this address is different from the business owner / contractor's address.
4. Provide the Federal Employer Identification Number (FEIN) for the business. If one has not been issued, list the Temporary FE IN issued by the Virginia Tax Dept. If you are a sole proprietor with neither, list your social security number; however it is best to obtain a FEIN, given the restrictions on the use of social security numbers.
5. Check the legal status of the business.
6. If a corporation, enter the number of officers. If a LLC, enter the number of paid members. If a partnership, enter the number of partners.
7. Provide the type of trade or industry in which the business is classified.
8. Enter the business phone number if there is one and the business e-mail if there is one.
9. Provide the workers' compensation insurance information if you have coverage. Enter ***only*** workers' compensation insurance. No other form of insurance substitutes. Provide the complete name of the insurance company or other insuring entity providing workers' compensation insurance coverage for the business. Also enter the policy or member number and policy effective dates.

Do not list the name of an insurance agent or agency. If you do not know or recall the name of your insurance company or insuring entity, please contact your agent to obtain this information.
10. **Out of state employers**, please note, Virginia requires valid Virginia workers' compensation coverage for work performed in Virginia. For a business that has a valid policy based outside Virginia, if the business either performs or subcontracts work in Virginia, the business needs valid Virginia coverage and may usually secure valid Virginia coverage with the proper Virginia Amendatory Endorsement, adding Virginia to Item 3A of the policy. An employer from a monopolistic state must usually obtain separate coverage from a Virginia licensed insurance carrier.
11. **If you do not have / list workers' compensation insurance on your form you must answer additional questions**, please answer whether you have more than two employees and whether you hire subcontractors to assist in your work and the number of subcontractor workers. A response to these questions is required.
12. **Virginia workers' compensation insurance coverage requirements.** Virginia law requires that every employer who regularly employs more than two part-time or full-time employees purchase and maintain workers' compensation insurance. A business that hires subcontractors to assist in the work of the business or fulfill a contract of the business must count the subcontractor's employees when counting employees to determine if / when coverage is required. This is true even if the subcontractor has their own workers' compensation coverage.

A contractor should gather proof of coverage from **all** subcontractors hired and should not be charged insurance premium for subcontractors that have their own coverage. Regardless, a contractor that hires subcontractors with employees must count the subcontractor's employees when counting total employees and determining when / whether the contractor is required to carry coverage. Virginia coverage requirements for contractors are surprisingly broad and unique. Please take time to review.
13. For workers' compensation insurance questions please contact the Virginia Workers' Compensation Commission at 804 205-3586.
14. Please ensure that the form is signed, the name of the person signing the form is printed on it and the form is properly dated.
15. **Return your completed form to the Workers' Compensation Commission at 333 E. Franklin St., Richmond, VA 23219 Attn: Insurance Department**

Note: The state funds of West Virginia and Maryland are not authorized to write workers' compensation insurance in Virginia.

DO NOT ATTACH ANY DOCUMENTS TO THE CONTRACTOR'S CERTIFICATE.