



T. Scott Harris, MCR
Commissioner

COUNTY OF HANOVER, VIRGINIA
Office of the Commissioner of the Revenue
Business Property Division
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 2021

Town of Ashland Contractors

**Report Gross Receipts for Hanover County
that are not in the Town of Ashland.**

Account Number				
Legal Business Name			Physical Address	
Trade Name/DBA			Mailing Address	
FEIN	SSN (Sole Proprietors)	Contact Number	Business Number	Fax Number
VA State Registration 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
<input type="checkbox"/> Original Application. If this application is an initial license request for a single project and is an estimate, please check this box.		
<input type="checkbox"/> True-Up. If this application is a true-up for a previously submitted single project, please check this box.		

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.

LICENSE TAX CALCULATOR		
GR	Reportable Gross Receipts to Hanover County outside Ashland's Town limits.	
TR	Tax Rate	X 0.001
TAX	If GR is \$100,000 or less, enter \$0.00; otherwise, multiply GR 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 Certification of Workers' Compensation Liability

(Form 61-A)



www.workcomp.virginia.gov

PLEASE COMPLETE FULLY AND LEGIBLY

This form must be filed in each Virginia locality where a contractor applies for or renews a business license

FILING INSTRUCTIONS ON REVERSE SIDE

Locality Issuing License: City <input type="checkbox"/> Town <input type="checkbox"/> County <input type="checkbox"/>		Name of Locality:	Business or Trade Name:	Business License Number:
Name of Applicant Last:		First:	Business FEIN or Tax ID Number:	
Applicant Mailing Address:		Business 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"/>		
METHOD of INSURING FOR WORKERS' COMPENSATION LIABILITY: Indicate One:		Type of Trade or Industry:		
<input type="checkbox"/> Insurance Carrier licensed in Virginia		Business Telephone:	E-mail Address:	
<input type="checkbox"/> Self insured with certificate of authorization issued by the Virginia Workers' Compensation Commission		<input type="checkbox"/> Check Here if Workers' Compensation is <i>Not</i> Required		
<input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission		Reason:		
<input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia		<input type="checkbox"/> Less than 3 employees (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 alter employee status under the Workers' Compensation Act.)		
Name of Insurance Carrier, Self-Insured, GSIA or PEO:		<input type="checkbox"/> Other (Explain)		
Policy, Master Policy or Certificate Number:		If you answered workers' compensation Not Required, answer below: Do you hire Independent Contractors or subcontractors to assist you in your work?		
Policy Effective Date and Policy Period:		<input type="checkbox"/> Yes <input type="checkbox"/> No		

For VWC Use Only:

Under penalty of law, the undersigned certifies s/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	Date
Print Name of Applicant	

Form 61-A is prepared and distributed by the Virginia Workers' Compensation Commission to local licensing authorities for use in compliance with Section 58.1-3714, Code of Virginia. Form 61 A is also available online at www.workcomp.virginia.gov

If there are any questions regarding this form, please contact the Commission toll-free at 1-877-664-2566

INSTRUCTIONS FOR COMPLETION OF VWC FORM 61-A

Contractor's Certification of Workers' Compensation Liability

To be completed by the official issuing the business license.

1. Check one. City, Town or County.
Provide the name of locality issuing the license.
Provide business license number including any prefix or suffix.

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

2. Applicant's name, mailing address and phone number are required.
3. Provide complete name of business. Sole-proprietors and partners should include the trade name under which the business operates.
4. Provide the complete business address used to receive mail by the U.S. Postal Service.
5. Provide the Federal Employer Identification Number (FEIN). If one has not been issued, list the Temporary FEIN issued by the Virginia Tax Dept. If a sole proprietor with neither, list your social security number.
6. Check the legal status of the business.
7. Provide the type of trade/industry in which the business is classified.
8. Provide the business phone number and e-mail if available.
9. Provide the complete name of the insurance company or other insuring entity providing workers' compensation liability insurance for the business. If insured with a carrier, provide carrier name and policy number. If self-insured, provide name on certificate and certificate number. If group self-insured, provide group name and member number. If insured under a Professional Employer Organization (PEO) master policy, provide PEO name and policy number. For all coverage provide policy effective dates.

Do not use the name of an insurance agency.

If the name of the insurance company is unknown, contact the agent for this information.

10. For contractors that indicate workers' compensation is not required, indicate if you hire subcontractors to assist you in your work or in fulfilling your contracts.
11. For general information regarding whether workers' compensation coverage is required, please review the brochure provided or contact the Virginia Workers' Compensation Commission at 1-877-664-2566.
12. Sign the form and print the name of the person signing the form.
13. Date the form and present it to the licensing authority.

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.