

APPLICATION FOR BUSINESS OR PROFESSIONAL LICENSE

FOR OFFICE USE ONLY

TOWN OF HAMILTON, VIRGINIA

53 EAST COLONIAL HIGHWAY
HAMILTON, VA 20158

License No. _____

License Fee _____

Penalty _____

Interest _____

2009

Date Issued _____

PLEASE SEND PAYMENT WITH APPLICATION

Brief description of Business Activity

BUSINESS TYPE _____

RENEWAL APPLICATIONS DELINQUENT MARCH 1

PLEASE FILL IN ALL BLANKS WHERE APPLICABLE
AND RETURN TO THE TREASURER, TOWN OF HAMILTON

Penalty for delinquency in paying License Tax 10%
10% interest based annually

1) _____
NAME OF OWNER(S)

2) _____
TRADE NAME

3) _____
MAILING ADDRESS

4) _____ 5) _____
TELEPHONE NUMBER SSN OR FEIN

6) _____
BUSINESS LOCATION

7) _____
CONTRACTOR'S CLASS A OR CLASS B LICENSE NUMBER

8) _____
JOB LOCATION IF CONTRACTOR

9) _____
BEGIN DATE OF BUSINESS OR JOB

10) REPORT APPLICABLE FIGURE \$ _____
FOR YEAR JUST ENDED: GROSS RECEIPTS FROM
BUSINESS OR PROFESSION

11) RATE/BASE \$ SEE BACK OF FORM OR \$30.00 WHICHEVER IS GREATER
PER \$100.00 GROSS RECEIPTS

I do hereby certify that the amount returned as TOTAL GROSS from my business or profession as reported herein are true and correct, and that I am familiar with the town ordinance providing for penalties and revocation of my (our) license for making false or fraudulent statements in this application.

SIGNATURE

TITLE

DATE

**TOWN OF HAMILTON, VIRGINIA
BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX
INSTRUCTIONS**

Each section of this license application may not apply to your business. Please complete the pertinent information for your business as thoroughly as possible.

Applications and payments must be submitted on or before March 1 of the license year. Failure to do so will result in the assessment of a 10% late filing penalty.

Before opening a new business, an application must be filed with the Town Secretary/Treasurer.

FEES PAYABLE ACCORDING TO GROSS RECEIPTS

A business, profession, trade or occupation is subject to licensure under Section XIII (C) of the Town's Ordinance as follows:

<u>Gross Receipts or Purchases (At Least)</u>	<u>Gross Receipts or Purchases (Not More Than)</u>	<u>License Fee Payable:</u>
\$ 0.00	\$ 4,000.00	\$ 0.00
\$ 4,000.01	\$ 200,000.00	\$ 30.00
\$ 200,000.01		\$ 0.00

TAX SCHEDULE

The following schedule is used to compute tax (license fee).

Please make checks payable to the Town of Hamilton

In addition to the fee specified in Section XIII (C), any person engaged in a business, profession, trade or occupation with gross receipts of more than two hundred thousand dollars (\$200,000.00) shall be assessed and required to pay annually a license tax on gross receipts or a flat tax at the rate established for the particular enterprise as set forth below:

<u>Ordinance Section</u>	<u>Category</u>	<u>Rate Per \$100.00 of Gross Receipts</u>
XIV (A)	Amusements	\$0.21
XIV (C) (1)	Aircraft Lease/Rental	\$0.15
XIV (C) (2)	On-line Computer Information	\$0.15
XIV (C) (3)	Global Satellite-Based Services	\$0.15
XIV (D)	Coin Operated Machines	\$150.00 (less than ten machines) \$200.00 (ten or more machines)
XIV (E)	Contractors and Contracting	\$0.09
XIV (G)	Hotels and Motels	\$0.23
XIV (I)	Money Lenders	\$0.16
XIV (J)	Personal Services	\$0.23
XIV (K)	Professional, Financial & Real Estate	\$0.33
XIV (M)	Rental by Owners	\$0.16
XIV (N)	Repair Business	\$0.16
XIV (O)	Short-Term Rental Business	\$0.20
XIV (P)	Retail Merchants	\$0.17
XIV (Q)	Wholesale Merchants	\$0.05
XIV (R)	Other Business or Professions	\$0.33

ALL CONTRACTORS MUST PROVIDE:

Copies of:

- **Current Virginia State Contractors License**
- **Current Home Jurisdictional Business License
(if other than Town of Hamilton)**

- **If your home jurisdiction *is* the Town of Hamilton,
a *breakdown of your previous year's gross receipts,
by jurisdiction, must be provided.***

All contractors accepting or offering to accept contracts, within the
Hamilton Town Limits, are required to register with the Town.

Failing to register (and pay appropriate BPOL tax, if necessary) with the Town Office, may affect the release of permits (Zoning and Occupancy.)

Contractors please provide:

1. Total *gross* amount or estimate of project/job: \$ _____
2. Job Start Date: ____/____/____
3. Completion date (approx):____/____/____

If you have any questions or would like assistance in calculating the tax due, you may contact the office at 540-338-2811.

**Contractor's Certification of Insuring Liability
for
Workers' Compensation In Virginia**

Complete and file this form with each Virginia locality where you have applied for or are renewing a business license. Do not attach any documents to this certificate.

Name of City, Town or County in Virginia Issuing License: _____
(A separate certificate must be filed with each locality in which you obtain a license.)

Business License Number Issued by the locality named above: _____
Name of Contractor: _____

Contractor's Address: _____

Contractor's FEIN OR SSN: _____

Contractor's Telephone Number: (____) _____

Legal Status: (Check One) Sole Proprietor Partnership Corporation LLC
 Other (specify) _____

Method by which contractor's liability for workers' compensation is insured:

Insured by an insurance carrier licensed to do business in Virginia: (The Maryland Injured Workers Fund and the West Virginia Fund are not licensed to write W.C. coverage in Virginia.)

Name of Carrier: _____

Policy Number: _____ **Policy Effective Date:** _____

A member of a group self-insured association licensed to do business in Virginia:

Name of Self-Insured Group: _____

Member Number: _____ **Effective Date:** _____

Self-Insured by the Virginia Workers' Compensation Commission. **Member Number:** _____

Insured under a master policy of a licensed Professional Employer Organization. **Name of PEO:** _____

Workers' Compensation Insurance is not required. **State Reason:** _____

Under penalty of law, the undersigned certifies he/she is duly authorized by the business license applicant to execute this certificate, and the business named above is in compliance with §65.2-800 et seq. 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 or Authorized Agent: _____

Print Name of Applicant or Authorized Agent: _____

Date: _____

INSTRUCTIONS FOR COMPLETION OF VWC FORM 61A

CONTRACTOR'S CERTIFICATION

Item 1 – To be completed by the official issuing the business license.

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

Item 2 –7 – To be completed by the contractor.

2. *The name of the contractor must be the same as the name insured on the workers' compensation insurance policy.*

Sole-proprietors and partners should include the name of the sole-proprietor and all partners as well as the trade name under which the business operates.

Provide the complete address used to receive mail by the U.S. Postal Service.

3. *Provide the federal identification number or social security number. This information should also match the information on the workers' compensation policy.*

4. *Check or mark the legal status of the business.*

5. *Provide the complete name of the insurance company or self-insured group that insures the workers' compensation liability. If you are a client of a licensed Professional Employer Organization (PEO) and are insured under its master policy, provide the name of the PEO.*

Do not use the name of an insurance agency.

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

The complete policy number or self-insured member number, including any prefix or suffix, must be shown.

If a question arises regarding whether workers' compensation coverage is required, consult one or more of the following resources: (1) the brochure provided, (2) an insurance agent, (3) an attorney familiar with workers' compensation, or (4) the Insurance Department at the Workers' Compensation Commission at (804) 367-2075.

6. *Sign and print the name of the person signing the form.*

7. *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.