

**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.



PO Box 130, Hamilton, VA 20159-0130
Phone (540)338-2811 • Fax (540)338-9263
E-mail: hamilton.va@comcast.net

- Renewal Application
New Business (1st Application)
Ceased Operation in Hamilton (Only fill in Name & pg. 1 last section)

Renewal application & tax due on or before: March 1, 2016
Late filings subject to 10% penalty

Business Information

Business/Trade Name

Physical or JOB Location in Hamilton

Business/Mailing Address (if different from Hamilton location)

Bus Phone Fax E-mail

Detailed Description of All Business Activity

Federal ID Number/Social Security Number

VA Contractor License (Class A or B) # (if applicable)

Business Start Date in Hamilton # of Employees at Hamilton location

Business Hours of Operation

Business Owner Name(s)

Home Address of Owner(s)

Owner Cell # Owner Home # Owner Email

Type of Ownership Sole Proprietor Partnership LLC Corporation Other

- Is this a home based business in Hamilton? Yes No
Do you own the Hamilton Business Location? Yes No
Do you Lease the Hamilton Business location? Yes No

Landlord Name Annual Rent Paid: \$
Mailing Address City State Zip

Ceased Business: If business ceased in Hamilton please complete below.

Date business closed operation
Actual gross receipts from January 1, 2015 through business close date \$
Mail Forwarding Address
Business Contact Name Business Contact Phone

**Calculate Business License Tax or Fee Due:**

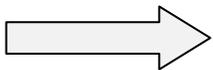
1. Enter 2015 gross receipts in box. If a new business (business started after January 1, 2016), enter an estimate of 2016 receipts.
2. Divide gross receipts by 100 and multiple by applicable rate.
3. Enter calculated tax in box, or \$30 whichever is greater. Home based businesses with gross receipts less than \$4,000.01 do not pay a tax or a fee.
4. Tax payable to TOWN OF HAMILTON. Renewals due: MARCH 1, 2016. New Business: due prior to commencing business.

Type of Business	2015 Gross Receipts or 2016 Estimate for new business (Only if over \$200,000)	Rate Per \$100 of gross receipts or Flat Fee	Calculated Tax or \$30.00 license fee, whichever is greater
Contractors *		\$0.14	
Retail Merchants		\$0.17	
Restaurant		\$0.17	
Financial Service		\$0.17	
Itinerant Vendor	N/A	\$500.00	
Non-Profit or Exempt **	N/A	N/A	
Personal and Business Service		\$0.17	
Professional Service		\$0.17	
Public Utilities		½ of 1%	
Real Estate		\$0.17	
Rental by Owner/Landlords		\$0.17	
Repair Service		\$0.17	
Wholesale ***		\$0.05	

\* Contractors with a principal office in the Town of Hamilton should report **2015** gross receipts and submit a breakout of all gross receipts by jurisdiction. All contractors with a principal office outside of Hamilton should **estimate** their **2015** gross receipts produced by construction jobs located within Hamilton town limits (no tax will be assessed for gross receipts less than \$25,000, however a \$30 license fee will still apply).

\*\* Requires IRS tax exempt status proof or proof of state/town code exemption with application each license year.

\*\*\* Requires review of business activity and authorization from Director of Finance prior to new license being issued.



Be sure to check with the Hamilton Town Office for proper forms and approval prior to doing business in the town. No business license will be issued until zoning applications are approved by the towns zoning administrator.

**APPLICANT CERTIFICATION:** *Unsigned applications will not be processed.*

I (we) do hereby certify that the information given and amount(s) reported as gross receipts from this business or profession as reported herein is true and correct, and that I am familiar with the town ordinance for penalties and revocation of my (our) license for making fraudulent statements in the application.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Amt. Pd. \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Rcvd Date \_\_\_\_\_ Rcvd By \_\_\_\_\_

Cust # \_\_\_\_\_ Invoice # \_\_\_\_\_ Tax \$ \_\_\_\_\_ Penalty \$ \_\_\_\_\_

TOTAL TAX \$ \_\_\_\_\_

Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

Occupancy / Use / Home Occupation Permit # \_\_\_\_\_

# Town of Hamilton

## Business, Professional, and Occupational License Instructions and Checklist

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**When to file:** *All renewal applications are due on or before March 1<sup>st</sup>.*

New businesses must have a business license before beginning any business activity in the Town of Hamilton.

**Who must file:**

Any individual, partnership or corporation engaged in any business or profession or occupation in the Town of Hamilton. Exemption from tax/fee does not preclude requirement to file an application each year.

**Renewal Application:**

Complete entire application and report actual gross receipts for **2015**.

Exception: Contractors with a principal office outside of Hamilton should estimate **2016** gross receipts.

**New Business Application:**

Complete entire application. Every new business is required to estimate gross receipts on their initial Business License application. The Town of Hamilton will prepare an adjustment calculation during the second year license renewal process.

**Gross Receipts:**

“Gross receipts” are defined as whole, entire, total receipts without deductions.

**Tax/License Fee Due:**

Calculate tax or fee due on page 2 of application. Minimum license tax/fee is \$30.00. Home based businesses with gross receipts less than \$4,000.01 are exempt from a tax/fee. Make checks payable to the Town Of Hamilton.

**Penalty:**

A 10% late penalty will be assessed on any application that is paid more than thirty (30) days from the start date of the business or after March 1<sup>st</sup> for renewing businesses.

**Zoning Requirements:**

Check with the Town of Hamilton for proper forms and approval prior to doing business in the town. No license will be issued without zoning administrator approval.

**Businesses located in Loudoun County or any jurisdiction within Loudoun County:**

Businesses must complete the Loudoun County Business Tangible Personal Property Registration form. The Town will forward the form to the County.

**Restaurants:**

Hamilton meals tax rate is currently 4%. You are required to complete a monthly Meals Tax Return Form, due by 20th of each month for prior month sales. There is a 5% discount of the tax collected if return filed and paid on time. Late filings are subject to a 10% penalty. You should request the forms from the Finance Department.

**Home Based Business:**

You do need a business license including if you are being paid as a consultant and/or the records are stored at the home.

**Rental by Owner/Landlords:**

A rental worksheet must be completed each year for all commercial building rentals and for owners of 3 or more rental units.

**Wholesale Business:**

Contact the Town Office for business activity review requirements.

**Applicant Certification:**

The applicant's signature is required to certify the information and acknowledge the Town's ordinance for penalties and revocation of the license for fraudulent statements. Unsigned applications will not be processed.

**CONSTRUCTION TRADE ONLY:** All Contractors must complete Workers Comp form (VWC 61A), a subcontractors listing, and provide copy of VA State Contractors License. Contractors must report the total gross sales of the job at time of application\*.

**Principal Office in Town of Hamilton:** Taxes are calculated on **2015** gross receipts for work done in Hamilton and other jurisdictions where a license fee is not charged. You must provide breakdown of all gross receipts by jurisdiction with application.

**Principal Office outside of Hamilton, but in Virginia:** Taxes are calculated on **estimated 2015** gross receipts for work done in Hamilton, if gross receipts are greater than \$25,000. There is no tax/fee for annual gross receipts less than \$25,000 but are still required to register with the Town.

**Out of State Contractors:** Taxes are calculated on gross receipts for work done in Hamilton only and length of time worked in Hamilton requires a presence for at least thirty (30) days.

**\*Multi-Year Projects:** For license purposes, Contractors should provide estimated gross receipts for each year of the project. The Town of Hamilton will prepare an adjustment calculation during the last year of the project.

### APPLICATION CHECKLIST

#### **Have you Enclosed ALL the Forms Required?**

##### All Businesses

- Completed & signed 2016 application

##### Businesses located in Loudoun County

- Loudoun County Business Tangible Personal Property Registration form

##### Contractors

- VA State Contractors license
- VA Workers Comp form (VWC 61A)
- Contractor and Subcontractor listing (Town of Hamilton form)

##### Hamilton based contractors also must provide

- Breakdown of all gross receipts by jurisdiction

##### Property Rental/Landlords

- Rental Property Worksheet

**Questions:** Should you need assistance in calculating the fees or have questions, please contact Christy Ashby at (540) 338-2811 or [christina.ashby@town.hamilton.va.us](mailto:christina.ashby@town.hamilton.va.us)

**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.**