OFFICE OF THE COMMISSIONER OF THE REVENUE
Gerald H. Gwaltney, Commissioner of the Revenue
PO Box 107 Isle of Wight, VA 23397
Email: blcoriow@isleofwight.gov
Phone: (757) 365-6263

OUT-OF-TOWN CONTRACTOR BUSINESS LICENSE APPLICATION

Contractors conducting business located in Isle of Wight County limits are required to file and pay Business License Tax if total business in the County **amounts to or exceeds $25,000** in any given year. To determine if the job is located within County limits, go to https://www.co.isle-of-wight.va.us/, scroll down to the bottom left, and choose Online Property Map.

BUSINESS INFORMATION

BUSINESS ENTITY NAME	
BUSINESS TRADE NAME (DBA)	
FEDERAL EMPLOYER ID NUMBER (FEIN)	**SOCIAL SECURITY NUMBER (IF NO FEIN)**
DPOR/CONTRACTOR LICENSE NUMBER	**BUSINESS PHONE**
BUSINESS LOCATION (STREET, CITY, ZIP)	
MAILING ADDRESS (STREET, CITY, ZIP)	
CONTACT NAME	**CONTACT PHONE**
CONTACT EMAIL	

JOB SITE INFORMATION

Provide requested information for each job included within gross receipts. To ensure business meets VA Code §58.1-3714, all General Contractors are required to provide a Subcontractors list for each job. If needed, please attach additional pages.

JOB SITE ADDRESS	COMPLETION DATE	CONTRACTED AMOUNT

BUSINESS LICENSE TAX

CLASSIFICATION: Contractor

TOTAL GROSS RECEIPTS: $_____

If gross receipt amount is less than $50,000:	**(minimum license of $50.00 = tax due)**	**Tax due:**	**$**
If gross receipt amount is $50,000 or more:	**(gross receipt amount ÷ 100 x 0.16 = tax due)**	**Tax due:**	**$**

It is a Class 1 misdemeanor for any person to intentionally submit an application that he does not believe to be true and correct as to every material matter (VA Code §58.1-11). Businesses are subject to audit by Isle of Wight County pursuant to VA Code §58.1-3109. I declare that this information is true, full, and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER/CEO/PARTNER/OFFICER | **PRINTED NAME** | **DATE**

OFFICE OF THE COMMISSIONER OF THE REVENUE

Gerald H. Gwaltney, Commissioner of the Revenue
PO Box 107 Isle of Wight, VA 23397
Email: blcoriow@isleofwight.gov
Phone: (757) 365-6263

Subcontractor List:

Primary Contractor/Owner:

Name: _____

Job Location: _____

Person of Contact: _____ Phone: _____

DPOR/Contractor License Number#: _____

Subcontractor Name: _____

Address: _____

Job Assignment: _____

Person of Contact: _____ Phone: _____

Contract Amount: _____

Subcontractor Name: _____

Address: _____

Job Assignment: _____

Person of Contact: _____ Phone: _____

Contract Amount: _____

Subcontractor Name: _____

Address: _____

Job Assignment: _____

Person of Contact: _____ Phone: _____

Contract Amount: _____

Subcontractor Name: _____

Address: _____

Job Assignment: _____

Person of Contact: _____ Phone: _____

Contract Amount: _____