

# OUTSIDE CONTRACTORS LICENSE APPLICATION

## City of Salem, Virginia

Commissioner of the Revenue

114 N Broad Street • P O Box 869 • Salem, VA 24153

Phone (540) 375-3019 Fax (540) 375-3048

[rking@salemva.gov](mailto:rking@salemva.gov)

OWNER OR CORP NAME: \_\_\_\_\_

TRADE NAME OF BUSINESS: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ OWNER'S SOCIAL SECURITY #: \_\_\_\_\_

CORP REG AGENT NAME & ADDRESS: \_\_\_\_\_

STATE CONTRACTORS LICENSE #: \_\_\_\_\_ VA SALES TAX #: \_\_\_\_\_

CORP PHONE #: \_\_\_\_\_ LOCAL CONTACT PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS OF BUSINESS: \_\_\_\_\_

STATE/VA LOCALITY BUS. IS PHYSICALLY LOCATED/LICENSED IN: \_\_\_\_\_

**MUST LIST LIC # & INCLUDE COPY OF VALID VA BASED LOCALITY LICENSE:** \_\_\_\_\_

**\*DO NOT INCLUDE LOCALITIES IN WHICH YOU ARE LICENSED AS AN OUT OF AREA CONTRACTOR**

LIST ALL SUBCONTRACTORS USED IN SALEM JOB (INCLUDE NAME, ADDRESS, EMAIL AND PHONE):

**\*ALL SUBCONTRACTORS MUST BE LICENSED IN THE CITY OF SALEM TO PERFORM WORK HERE\***

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

SALEM JOB LOCATION: \_\_\_\_\_

AMOUNT OF SALEM CONTRACT: \$ \_\_\_\_\_ EST. COMPLETION DATE: \_\_\_\_\_

COST OF LICENSE: IF CONTRACT AMOUNT IS UNDER \$50,000 ENTER \$50. IF CONTRACT AMOUNT IS \$50,000 OR GREATER MULTIPLY CONTRACT AMOUNT BY TAX RATE OF .0016

**BUSINESS LICENSE FEE DUE: \$** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

**\*\*** Per VA State Code Contractors who have a physical location in a licensing jurisdiction in Virginia are exempt from payment to the City of Salem if their gross receipts attributable to Salem are less than \$25,000 for the calendar year. A copy of the current business license from the locality they are physically located in must be presented with this application to receive this exemption.

\*Salem City tax rate for Contractors is \$50 for gross under \$50,000, .16 per \$100 for gross receipts of \$50,000 or greater\*

**MAKE CHECKS PAYABLE TO: CITY OF SALEM**

Received \_\_\_\_\_ Processed \_\_\_\_\_ Payment \_\_\_\_\_ Other \_\_\_\_\_