

## 2022 BUSINESS LICENSE APPLICATION OUT OF COUNTY CONTRACTOR

Laura M. Ecimovic Commissioner of Revenue PO Box 99 New Kent VA 23124 PH 804.966.9610 FAX 804.966.5562 businessadmin@newkent-va.us

					Dasii	cooding to the contract of the coordinate of the
ACCOUNT #			SSN O	R FED ID		
BUSINESS			PHONE		F	AX
NAME						
OWNER			EMAIL			
ADDRESS 1			VA COLLICENS	NTRACTOR E #	S	
ADDRESS 2			EXPIRA	TION		
CITY ST ZIP			CONTA	CT NAME		
			-	-		ors whose principal place o
	*					s the sum of \$25,000 in any
-	ceipts should include, the to	-		-		
-	opment in 2022, in addition	•		-	_	ousiness outside of their
principal place	of business, should report g	gross receipts w	ith each addition	nal permit iss	ued.	
PLEA	ASE CORRECT ANY	PREFILL	ED INFORM	IATION T	THAT IS NOT	ACCURATE
[						
			R 2022 GRO			
USE A	SEPARATE APPLIC	CATION TO	O REPORT	GROSS RI	ECEIPTS FOI	R PRIOR YEARS
		ODMC 0 D	A XZN ATENIA	EOLUDEI	D. T.O.	
			PAYMENT R	_		
	1	ACCOMPA	NY THIS A	PPLICAT	ION	
	or's Certificate of Wo		-		_	
•	www.workcomp.virginia	•	ertificate-work	ers-compens	sation-insurance-	form-61a-online
•	urance certificates not ac	•				
□ Copy of V	Valid Contractor's Li	cense				
PLEA	SE MAKE CHEC	KS OUT	TO NEW I	KENT CO	DUNTY TRI	EASURER
2022 TOT	AL JOB VALUE IN N	KC:	RATE: X	.0012	TOTAL TA	X:
\$					\$	
						RED AND STATEMENTS
	FULL, AND CORRECT TO OF THIS LICENSE.	O THE BEST	OF MY KNOW	LEDGE ANL	BELIEF, AND I	HATTUNDERSTAND
	or rind Breside.					
AUTHODIZ	VED GLONIA TUDE AND TITL	· E			DATE	_
AUTHORIZ	ZED SIGNATURE AND TITL	_E			DATE	
FOR OFFICE	USE ONLY					
RCVD BY		DATE			PAYMENT \$	
					ΤΤΙΤΙΝΙΕΊ	