



# County of Accomack, Virginia Business License Application Calendar Year 20\_\_

Leslie M. Savage, Commissioner of the Revenue  
P.O. Box 186  
Accomac, VA 23301  
757-787-5747 or 757-824-6451

**Instructions:** Type or print providing full information.

The cost of each business license is \$50.00.

Return application with check payable to "County of Accomack".

A 10% penalty may be assessed if your application is late.

Licenses will be mailed to you upon receipt of application and payment.

**Separate Businesses:** Each separate place of business requires a separate business license and application.

**New Business:** Application and payment must be received prior to beginning business to avoid penalty.

**Renewals:** Application and payment must be received prior to March 1 of license year to avoid penalty.

Business Name:

Federal Tax ID # (Individuals may use SS# only if no Federal Tax ID # exists)

Name of officer or principal:

VA Sales and Use Number (if applicable):

Nature of Business:

VA State Contractors Number (if applicable):

Business Start Date in Accomack County:

Prior Year Gross Receipts:

Business **Mailing Address:**

Business **Physical Address** ( Number & Street):

City, State, Zip:

City, State, Zip:

**Business Ownership Type (check one):**

- Individual
- Partnership
- Corporation
- Other

**Select Business Type (check one):**

- Contractor (*Contractors must also complete Contractor's Certification on back*)
- Retail Sales
- Wholesale Sales
- Financial, Real Estate and Professional
- Commission Merchant
- Repair, Personal, Business and Other Services

I declare that the above information is true and correct to the best of my knowledge.

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

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*Print Name* \_\_\_\_\_ *Daytime Telephone #* \_\_\_\_\_

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*E-mail address* \_\_\_\_\_

Business License Fee \$ 50.00

Penalty (10%) \$ \_\_\_\_\_

Total to Remit \$ \_\_\_\_\_

**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: Accomack County, VA  
(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: \_\_\_\_\_