

2010
TOWN OF POCAHONTAS, VIRGINIA
BUSINESS LICENSE APPLICATION

The application form is divided into two parts. The top half is where you record pertinent information about the business and its owner. The bottom half is where the business owner records the gross receipts for taxation purposes.

- A. **Legal Name of Applicant/Mail Address:** You must record the legal name of the responsible management personnel.
- B. **Trade Name:** Enter the name of the business and the physical location of the business here.
- C. **Social Security Number:** Social Security Number of Business Owner.
- D. **Telephone Number:** The business telephone or home telephone number of owner.
- E. **State ID Number:** Sales Tax Identification Number.
- F. **Federal ID Number:** Federal Tax Identification Number issued by the IRS
- G. **Customer Number:** Leave Blank – This will be assigned when licensed issued.
- H. **Type of Business:** Please check type of business and enter in the date you began your business in the Town of Warsaw in the Blank provided.
- I. **State Contractors License:** If you perform work in the State of Virginia, in excess of \$1,000 per job, you MUST secure a State Contractor's License prior to applying for a Town Business License. Indicate whether you have a Class A, B, or C license and record that license number and expiration date. You must provide a copy of your state license when renewing or applying for a Town Business License. Also attach Form V. W. C. 61-A to your application.

More than one license tax rate category below may apply to some businesses.
Example: A Business performing service repairs may also be selling parts as retail.

LICENSE TAX RATES:

Retail Sales:

Business Services:

1st. \$100,000 .20 per \$100.00
Next \$400,000 .17 1/2 per \$100
Next \$500,000 .15 per \$100.00

Repair, Personal and

1st. \$25,000 .36 per \$100.00
Next \$25,000 .31 1/2 per \$100.00
Next \$50,000 .27 Per \$100.00

**Financial, Real Estate and
Professional Services:**

1st. \$50,000 .58 per \$100.00
Next \$50,000 .51 per \$100.00
Over \$100,000 .44 per \$100.00

Contracting, & Persons

Constructing for own account of Sales:

1st. \$100,000 .16 per \$100.00
Next \$150,000 .14 per \$100.00
Next \$250,000 .12 per \$100.00

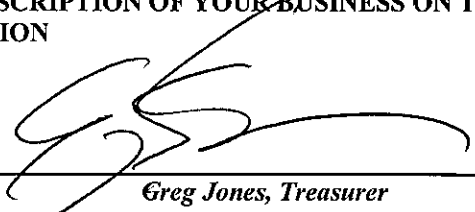
Wholesalers

1st. \$100,000 .05 per \$100.00
Next \$100,000 .04 per \$100.00

Minimum Rate: \$20.00

There is a 10% late payment penalty assessed for all payments received after March 1st.

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS ON THE REVERSE SIDE OF THE 2010 BUSINESS LICENSE APPLICATION



Greg Jones, Treasurer

TOWN OF POCAHONTAS, VIRGINIA

2010 Business License Application

300 Centre Street
P.O. Box 128
Pocahontas, Va., 24635
Phone (276) 945-9522
Fax (276) 945-9904
Email: PocahontasVa@Comcast.net

FILE AND PAY BY April 15th TO AVOID A 10% LATE PAYMENT PENALTY

Read the instructions for important dates and penalties. Mail or deliver the completed application and payment to the above address.

A Legal Name/Address (mailing) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> B Trade/Business Name and Physical Location <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	C <hr/> Driver's License # or Social Security # D <hr/> Telephone Number E <hr/> State ID Number F <hr/> Federal ID Number(if any) G <hr/> Customer Number	H Type Business (Check) <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Start Date of Business <hr/>
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- I**
- 1 State Contactor's License (circle one): **A** **B** **C** Expiration Date: _____
 - 2 State Contractor's License Number: _____
 - 3 VWC FORM 61-A Must be attached to Business Application. Check here if attached
 - 4 IRS Schedule C Form 1040 Profit or Loss From Business must be attached for Business License Renewal

Unless otherwise indicated report your prior year total gross receipts. If you were not in business one full calendar year, you must provide an estimate of gross receipts for the current tax year in addition to your prior year gross receipts per the following applicable category or categories:

	Prior Year Gross Receipts	Estimated Gross Receipts	Tax Rate	Amount Due
1. Contractor	\$ _____	\$ _____	\$ _____	\$ _____
2. Retail	\$ _____	\$ _____	\$ _____	\$ _____
3. Professionals	\$ _____	\$ _____	\$ _____	\$ _____
4. Repair, Personal & Business Service	\$ _____	\$ _____	\$ _____	\$ _____
5. Wholesalers* (*List Your Purchases on this Line)	\$ _____	\$ _____	\$ _____	\$ _____
6. Financial Services	\$ _____	\$ _____	\$ _____	\$ _____
7. Real Estate	\$ _____	\$ _____	\$ _____	\$ _____
8. Peddler's	\$ _____	\$ _____	\$ _____	\$ _____
9. Flea Market Vendor	\$ _____	\$ _____	\$ _____	\$ _____
10. Others	\$ _____	\$ _____	\$ _____	\$ _____
11. Telephone Comm.	\$ _____	\$ _____	\$ _____	\$ _____

I hereby swear or affirm that all the information listed above is true and correct to the best of my knowledge. License Figures are subject to audit. All new business license applications must be approved by the Pocahontas Town Council. Applications are due by March 31st and payment must be received by April 15th.

Signature of Applicant

Printed Name

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.

**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: _____