



CITY OF WILLIAMSBURG

Lara M. S. Overy, Commissioner of the Revenue
 P.O. Box 245, Williamsburg, Virginia 23185
 Phone & Fax: (757) 220-6150

CONTRACTOR LICENSE APPLICATION

INDIVIDUAL NAME, CORPORATION, LLC. OR PARTNERSHIP: _____

TRADE NAME/DBA/ASSUMED NAME: _____

Secs. 59.1-69 thru 76 of the State Code requires that any person, partnership or corporation transacting business under an assumed name shall sign a certificate giving the name under which such business is to be conducted and the names of each person owning the same with their respective post office and residence addresses. The certificate must be filed in the office of the Clerk of the Court in the county or city wherein the business is to be conducted.

MAILING ADDRESS: _____

LOCATION ADDRESS & DESCRIPTION: _____

AUTHORIZED BUSINESS REPRESENTATIVES: _____

BUSINESS PHONE: (____) _____ **EMAIL:** _____

PROJECT START DATE: _____

LOCATION OF PROJECT: _____

PROJECT VALUE IN CITY: _____

CONTRACTOR STATE REGISTRATION NUMBER: _____

FEDERAL ID#: _____

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION LLC

DECLARATION: I declare that the statements and figures hereon are true, full and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Print Name and Title: _____

Please provide a list of all sub-contractors for the project (use additional page if necessary): _____

Office Use Only		
License Code _____	Amount of License _____	Issue Date _____
Paid <input type="checkbox"/>	Check # _____	
To Be Billed <input type="checkbox"/>	Statement Mailed _____	