



TOWN OF CULPEPER

400 S. Main St., Suite 105 • Culpeper, VA 22701
(540) 829-8240 • FAX (540) 829-8249
Email: ClerksOffice@culpeperva.gov
www.culpeperva.gov

APPLICATION FOR NON-RESIDENT CONTRACTOR LICENSE

NAME OF BUSINESS: _____

MAILING ADDRESS: _____
(Street Address, City, State, Zip)

TELEPHONE NUMBER: _____ FEIN/TAX ID NUMBER _____

COUNTY OR TOWN WHERE PRINCIPAL OFFICE LOCATED: _____

VA CONTRACTORS LICENSE INFORMATION: **ATTACH COPY**

CLASS: _____ NUMBER: _____ EXPIRATION DATE: _____

The nature of this business during the ensuing twelve months is best described as follows:
(Please ***include location*** where work will be performed as well as a brief description of the work being performed within the Town of Culpeper) ***PLEASE ATTACH A COPY OF THE CONTRACT***

GENERAL CONTRACTOR FOR THIS PROJECT: _____

If you are the general contractor, include a separate list of the names and addresses of all sub-contractors who will be performing work on the above project.

AMOUNT OF CONTRACT DESCRIBED ABOVE: \$ _____ FEE: \$0.08 PER \$100
(when required)

Prior to issuance, a Workers' Compensation Commission form VWC 61A must be completed by going online to <https://workcomp.virginia.gov>. Locate and complete the Online Contractor Certification Form (Form 61A), save and print a copy of your acknowledgment of compliance and ***attach a copy with this application.***

DURATION OF PROJECT: _____
(Days or Months)

I, the undersigned applicant, do swear (or affirm) that the foregoing information and the statement of gross receipts are true, full and correct to the best of my knowledge.

_____	_____	_____
Date	Signature	Title
_____	_____	_____
Email Address	Printed Name	