



**Municipal Corp. of Cape Charles**  
**2 Plum Street, Cape Charles, VA 23310**  
**757-331-3259 ext. 11 or 26**  
**Fax: 757-331-4820**

**Section A**

**2018 CONTRACTOR'S BUSINESS LICENSE TAX FORM**

THIS FORM MUST BE FILED WITH THE TREASURER IN ORDER TO CONDUCT BUSINESS IN THE TOWN OF CAPE CHARLES.

Legal Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street Address

Website or E-mail Address: \_\_\_\_\_  
 Website/E-mail Address

Mailing Address  
 (If different than above): \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City, State and Zip Code

Business Telephone Number: \_\_\_\_\_

Nature(s) of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For the purpose of computing the 2018 Business, Professional or Occupational License Tax and adjusting the tax due for licenses issued in 2017 under Chapter 38 of the Town Code, please provide the necessary information requested on all pages of this application/tax form **by April 15, 2018**. All applicants are required to provide verifiable proof of your 2017 income in the form of your business 2017 Federal 1040 Schedule C, 1099's issued, or other business tax returns. When proper payment is received, a current Business License will be issued and/or your privilege of doing business in the Municipality of Cape Charles will be preserved for the year 2018.

**All applicants/taxpayers must sign the following certification.**

**CERTIFICATION**

I hereby certify that all information on this application is true, correct and complete to the best of my knowledge and belief. By my signature below, I declare under penalty of perjury that if I give false, incorrect or incomplete information, I may be breaking the law and could be prosecuted for perjury, larceny or fraud. My signature also authorizes the release of information necessary to determine and review my eligibility for a Town of Cape Charles Business, Professional or Occupational License. I authorize the release of this information to the state or local government. This authorization is valid for one year from the date of my signature below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

## Section B

### CONTRACTORS

#### All Contractors

YES \_\_\_ NO \_\_\_ Do you have employees other than yourself?

YES \_\_\_ NO \_\_\_ If yes, do you have more than 2 part time employees?

YES \_\_\_ NO \_\_\_ If you do have employees, have you obtained Workers' Compensation Coverage for your employees pursuant to Chapter 8 of Title 65.2, and will you remain in compliance at all times during the effective period of the Business License issued by Cape Charles for 2018?

YES \_\_\_ NO \_\_\_ Do you pay subcontractors for work performed in Cape Charles?

If yes, include a listing of those subcontractors and the amounts paid to them in 2017 for work performed in Cape Charles.

#### Contractors who have a residence/office within the town limits of Cape Charles:

What were your gross receipts during 2017? \_\_\_\_\_

What do you expect for gross receipts for 2018? \_\_\_\_\_

#### Other Contractors:

Where is your principal office? \_\_\_\_\_

YES \_\_\_ NO \_\_\_ Are you required to pay a license tax to that locality?

What were your gross receipts during 2017 for contract work performed in the Town of Cape Charles? \_\_\_\_\_

What do you estimate your gross receipts will be for 2018 for work performed in the Town of Cape Charles? \_\_\_\_\_

## Section C

### ALL CONTRACT APPLICANTS (Except Contractors Who Do Not Have an Office in Cape Charles)

YES \_\_\_ NO \_\_\_ Are there any other businesses at this location?

If yes, state the business name. \_\_\_\_\_

You must prepare a separate application for each business.

---

If you no longer do business in Cape Charles, please complete the section below and return this form to the Town Treasurer for the Town's annual audit report.

\_\_\_ **The business no longer operates in the Town of Cape Charles.** State the **date** the business in Cape Charles discontinued operating. \_\_\_\_\_ and complete lines A through F on the following page.

**Section D**

**TOWN OF CAPE CHARLES  
Contractor/Tradesman Affidavit**

I, \_\_\_\_\_ representing \_\_\_\_\_ am  
(Applicant's Name) (Company Name)

performing work within the Town of Cape Charles that is in accordance with Code of Virginia Section 18VAC50-22 (Board of Contractors Regulations). I also understand that by falsifying that I am a Licensed Contractor in the State of Virginia that I may be prosecuted by the Virginia Department of Professional Occupation and Regulation per Section 54.1115. See Exception on next page. By signing this affidavit I agree to all the above terms and understand that if any of the information is found to be false then this Business License may be revoked, and the Company/Individual named above will not be permitted to continue work within the Town of Cape Charles.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy Attached (check one below)

Tradesman Certification: \_\_\_\_\_

State Contractor's License: \_\_\_\_\_

**Exception: I understand that I am not a licensed contractor in the State of Virginia and that I may not perform work in excess of \$1,000. I also understand that I may not portray myself as a State Licensed Contractor.**

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

