



Business License Application Checklist

Please bring the following to the office of the Commissioner of the Revenue located at Portsmouth City Hall, 801 Crawford Street, 1st floor, Portsmouth, Virginia 23704 to apply for a Portsmouth business license:

- () Picture ID
- () Registered trade name
- () Partnership agreement
- () Zoning clearance
- () State Corporation Commission Certificate
- () Federal Identification number document
- () Meals Tax Bond
- () Health Department Permit
- () Certificate of Occupancy
- () Virginia State Contractors License
- () Proof of workman’s compensation insurance
- () Estimate of gross receipts through December 31

Other locations you may have to visit, depending on the nature of your business:

• Health Department	1701 High Street, Portsmouth, VA 23704	757-393-8585
• Planning and Zoning	801 Crawford Street, 4 th floor, Portsmouth, VA 23704	757-393-8836
• Police Department	700 Port Centre Parkway, Portsmouth, VA 23704	757-393-8748
• Permits and Inspections	801 Crawford Street, 4 th floor, Portsmouth, VA 23704	757-393-8531

Numbers to call for information:

• Incorporating/Trade Name	Virginia State Corporation Commission	866-722-2551
• Federal ID Number	Internal Revenue Service	800-829-1040
• Retail Sales & Use Tax	Virginia Department of Taxation	804-367-8037
• Contractor’s License	Virginia State Board of Contractors	804-367-8511
• Tradesman License	Department of Professional & Occupational Regulation	804-367-8500
• ABC License	Alcohol & Beverage Control	757-424-6700
• Workers’ Compensation	Virginia Workers’ Compensation Commission	877-664-2566

Questions? If you have any questions about obtaining a business license in the City of Portsmouth, please contact the Business Unit at 757-393-8771 or revenue@portsmouthva.gov.



BLS#(office use)_____

OUT OF CITY CONTRACTOR APPLICATION

NON-PORTSMOUTH PRIMARY AND SUB-CONTRACTORS WITH A VALUATION OVER \$25,000 FOR A CALENDAR YEAR MUST PAY A LICENSE TAX/FEE PER CODE OF VIRGINIA SEC. 58.1-3715

APPLICANT NAME _____

LEGAL NAME OF BUSINESS _____

TRADE NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

FEIN/SSN _____

E-MAIL ADDRESS _____

TELEPHONE NUMBERS (1) _____ (2) _____

FAX NUMBER _____

NAME OF JOB(S) _____

LOCATION OF JOB(S) _____

VALUE OF JOB(S) _____

WILL YOU BE HIRING SUB-CONTRACTORS? YES _____ NO _____

IF YES, PLEASE REPORT THE FOLLOWING INFORMATION FOR EACH SUB-CONTRACTOR YOU HAVE HIRED WITHIN TEN DAYS OF COMPLETING THIS APPLICATION. IF YOU HAVE NOT YET ACQUIRED SUBCONTRACTORS, PLEASE PROVIDE OUR OFFICE WITH THIS INFORMATION UPON THEIR HIRING.

- | | |
|--------------------------------|----------------------------------|
| • COMPANY/CONTRACTOR'S NAME | • EMAIL ADDRESS |
| • NAME AND LOCATION OF PROJECT | • FAX NUMBER |
| • MAIL AND PHYSICAL ADDRESS | • TYPE OF CONTRACTOR |
| • CONTACT NAME | • AMOUNT OF CONTRACT |
| • PHONE NUMBER | • START AND END DATE OF CONTRACT |

Applicant Signature

Title

Date

**Franklin D. Edmondson, MCR • Commissioner of the Revenue
Office of the Commissioner of the Revenue
801 Crawford Street • Portsmouth, VA 23704-3870 • (757) 393-8771 • Fax: (757) 393-8604**

Acct #s (office use) _____



Business Information Request

Legal Status: Sole Proprietor ___ Partnership ___ LLC ___ Corporation ___ Other _____

SSN/FEIN: _____ **Date Business Began in Portsmouth** _____

Est Gross Receipts through 12/31: _____ **Following Year Estimate:** _____

Legal Name of Business: _____

Trade Name or DBA: _____

Business Phone: _____ **Other Number:** _____

Bank Name: _____ **Email:** _____

Physical Address: _____

Mailing Address: _____

Description of Business Activities: _____

Names of Owners/Shareholders:

Name: _____ **Title:** _____

Home Address: _____

Telephone Number: (home) _____ (other) _____

Name: _____ **Title:** _____

Home Address: _____

Telephone Number: (home) _____ (other) _____

Registered Agent: _____

Address: _____

Telephone Number: _____ (other) _____

OATH, I THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM) THAT THE FOREGOING INFORMATION IS TRUE, FULL AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND THE TERMS OF ALL APPLICABLE LICENSES.

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____



IMPORTANT NOTICE FOR OUT OF CITY CONTRACTORS

1. Pursuant to Code of Virginia § 58.1-3715, contractors based in a Virginia locality other than the City of Portsmouth, that are doing business that exceeds \$25,000 in a year in this city, are required to obtain a Portsmouth business license.
2. Contractors that are based outside the state of Virginia are required to obtain a Portsmouth business license if operating within the city regardless of the amount of business done here.
3. This business license is **NOT** permanent. **The license expires on December 31st**. If your business continues to operate in Portsmouth on January 1st of the following year, and the amount of business will be over \$25,000 for that calendar year, you will be required to renew the business license.
4. A renewal form will be sent to your mailing address at the beginning of each year. Out of city contractors are not subject to the 10% penalty for filing after March 1st. If you are not doing business over \$25,000 in Portsmouth for a given year, no action is required upon receipt of the renewal form. If you are no longer in business or wish to stop receiving renewal forms, please indicate this on the return or notify our office so that we can make the appropriate changes to your account.
5. **Every business in the City of Portsmouth is required to file a list of tangible personal property that is in Portsmouth on January 1st** of each year, either with the business license renewal or by March 1st. The owner of the business is required by state law to file this information regardless of whether or not there is tangible property in the city. If your business does not have tangible property in the city, please indicate this on the back of the renewal form.
6. Remember, it is your responsibility to understand which local, state, and federal laws and regulations apply to your business.

Applicant Signature

Title

Date

Witness (Deputy Signature only)

Contractor's Certificate of Workers' Compensation Insurance

(Form 61-A)

Electronic Filing Available Online



www.workcomp.virginia.gov

PLEASE COMPLETE FULLY AND LEGIBLY

RETURN TO:

Virginia Workers' Compensation Commission
Attention: Insurance Department
333 E. Franklin Street
Richmond, VA 23219

Name of Business Owner / Contractor Last:			Business or Trade Name		
First:			Business Federal Employer ID (FEIN) or Tax ID Number:		
Business Owner / Contractor's Home Mailing Address:			Business Address if different from Business Owner Address:		
City: State: Zip:			City: State: Zip:		
Home Telephone:			Business: Corp. <input type="checkbox"/> L.L.C. <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> # of officers <input type="checkbox"/> # of paid members <input type="checkbox"/> # of partners: <input type="checkbox"/>		

WORKERS' COMPENSATION INSURANCE <i>If you have workers' compensation insurance check type and complete below:</i>		Type of Trade or Industry:	
List <u>ONLY</u> WORKERS' COMPENSATION, <u>not</u> General Liability		Business Telephone:	E-mail Address:
<input type="checkbox"/> Insurance Carrier licensed in Virginia <input type="checkbox"/> Self-insured with certificate of authorization issued by the Virginia Workers' Compensation Commission <input type="checkbox"/> Group Self-Insurance Association (GSIA) licensed by the State Corporation Commission <input type="checkbox"/> A Professional Employer Organization (PEO) registered in Virginia		If you do not list workers' compensation insurance you <u>must</u> answer below: 1. Do you have more than two part-time or full-time employees? <small>(Note: Corporate officers, LLC managers, part-time employees and employees of your subcontractors generally count as your employees for Workers' compensation purposes. Filing of a 1099, payment of cash wages or designating a worker an "Independent Contractor" does not necessarily eliminate or alter employee status under the Workers' Compensation Act.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	
NCCI Carrier Code	Name of Insurance Carrier, Self-Insured, GSIA or PEO:	2. Do you hire Independent Contractors or subcontractors with employees to assist you in your work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy, Master Policy or Certificate Number:		What is the number of subcontractor workers that assist you in your work? <input type="checkbox"/>	
Policy Effective Date:	Policy Expiration Date:	Failure to insure when required by law shall subject an employer to civil penalties of up to \$250 per day uninsured, subject to a maximum penalty of \$50,000.00 plus costs, pursuant to Virginia Code § 65.2-805	

Under penalty of perjury, the undersigned certifies/he is duly authorized by the business license applicant to execute this certificate; the information provided herein is correct; and the business is in compliance with Chapter 8 of Title 65.2 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 (Contractor or Business Owner)	Date
Print Name of Applicant	

For questions regarding how to complete this form, please contact the Commission toll-free at **1-877-664-2566** or 804 205-3586

Certificates of Insurance Cannot be Accepted in Lieu of a Completed Form

INSTRUCTIONS FOR COMPLETING THE VWC FORM 61-A

To be completed by the contractor. All information requested is required.

1. Enter the Business owner / Contractor's name, mailing address and phone number, all information is required.
2. Enter the complete name of business. Additionally list the trade name under which the business operates if a trade name is used.
3. Enter the business address that is used to receive mail by the U.S. Postal Service, if this address is different from the business owner / contractor's address.
4. Provide the Federal Employer Identification Number (FEIN) for the business. If one has not been issued, list the Temporary FE IN issued by the Virginia Tax Dept. If you are a sole proprietor with neither, list your social security number; however it is best to obtain a FEIN, given the restrictions on the use of social security numbers.
5. Check the legal status of the business.
6. If a corporation, enter the number of officers. If a LLC, enter the number of paid members. If a partnership, enter the number of partners.
7. Provide the type of trade or industry in which the business is classified.
8. Enter the business phone number if there is one and the business e-mail if there is one.
9. Provide the workers' compensation insurance information if you have coverage. Enter ***only*** workers' compensation insurance. No other form of insurance substitutes. Provide the complete name of the insurance company or other insuring entity providing workers' compensation insurance coverage for the business. Also enter the policy or member number and policy effective dates.

Do not list the name of an insurance agent or agency. If you do not know or recall the name of your insurance company or insuring entity, please contact your agent to obtain this information.
10. **Out of state employers**, please note, Virginia requires valid Virginia workers' compensation coverage for work performed in Virginia. For a business that has a valid policy based outside Virginia, if the business either performs or subcontracts work in Virginia, the business needs valid Virginia coverage and may usually secure valid Virginia coverage with the proper Virginia Amendatory Endorsement, adding Virginia to Item 3A of the policy. An employer from a monopolistic state must usually obtain separate coverage from a Virginia licensed insurance carrier.
11. **If you do not have / list workers' compensation insurance on your form you must answer additional questions**, please answer whether you have more than two employees and whether you hire subcontractors to assist in your work and the number of subcontractor workers. A response to these questions is required.
12. **Virginia workers' compensation insurance coverage requirements.** Virginia law requires that every employer who regularly employs more than two part-time or full-time employees purchase and maintain workers' compensation insurance. A business that hires subcontractors to assist in the work of the business or fulfill a contract of the business must count the subcontractor's employees when counting employees to determine if / when coverage is required. This is true even if the subcontractor has their own workers' compensation coverage.

A contractor should gather proof of coverage from **all** subcontractors hired and should not be charged insurance premium for subcontractors that have their own coverage. Regardless, a contractor that hires subcontractors with employees must count the subcontractor's employees when counting total employees and determining when / whether the contractor is required to carry coverage. Virginia coverage requirements for contractors are surprisingly broad and unique. Please take time to review.
13. For workers' compensation insurance questions please contact the Virginia Workers' Compensation Commission at 804 205-3586.
14. Please ensure that the form is signed, the name of the person signing the form is printed on it and the form is properly dated.
15. **Return your completed form to the Workers' Compensation Commission at 333 E. Franklin St., Richmond, VA 23219 Attn: Insurance Department**

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.