



Town of Luray
Office of the Treasurer
P.O. Box 629
Luray, Virginia 22835
(540) 743-5511

CONTRACTOR CHECKLIST

Contractors - Please use this checklist to ensure you have completed all necessary documentation for your **Business License**. Return all documents along with this list.

A Business License will not be issued until all requirements are met.

Customer Checklist:

- ☐ Business License Application & Zoning Clearance Forms
- ☐ A signed Workers' Compensation Affidavit (if applicable). Contractors not subject to Virginia Workers' Compensation coverage will not be permitted to renew or apply for a business license without a signed affidavit.
- ☐ Copy of Employer Identification Number (EIN) Registration from the IRS
- ☐ Identification (Photo Identification Copy)
- ☐ State Contractors
 - A copy of your Virginia Contractors License
- ☐ Non State Contractors
 - A signed Copy of the Affidavit for Non-State Contractors (Jobs under \$1,000.00)

TOWN OF LURAY BUSINESS LICENSE APPLICATION
POST OFFICE BOX 629 LURAY, VIRGINIA 22835
540-743-5511 OR FAX 540-743-1486

BUSINESS NAME _____ **APPLICANT'S NAME** _____

BUSINESS LOCATION _____ **MAILING ADDRESS** _____

TELEPHONE _____ **FAX #** _____ **SOCIAL SECURITY #** _____

FEDERAL ID # _____ **SALES TAX #** _____ **EMAIL** _____

DESCRIBE TYPE OF BUSINESS AND ACTIVITIES IN DETAIL

**ALL BUSINESSES MUST STATE THEIR PREVIOUS YEAR'S VOLUME OF GROSS RECEIPTS LESS SALES TAX.
THE INFORMATION FURNISHED BY YOU ON THIS FORM IS THE BASIS USED IN ASSESSING YOUR BUSINESS
LICENSE IN THE TOWN OF LURAY.**

...REPORT GROSS RECEIPTS BELOW...

THE TREASURER'S OFFICE WILL CALCULATE YOUR LICENSE FEE

| DESCRIPTION | GROSS RECEIPTS |
|---|----------------|
| RETAIL MERCHANT | |
| WHOLESALE MERCHANT | |
| PROFESSIONAL | |
| BUSINESS, PERSONAL, REPAIR SERVICE DESCRIPTION | |
| CONTRACTOR BUSINESS WITHIN TOWN LIMITS | |
| CONTRACTOR (OUTSIDE TOWN LIMITS) (only report receipts made within Town of Luray) | |
| FINANCIAL SERVICES | |
| GASOLINE AND FUEL OIL DEALERS | |
| ITINERANT MERCHANT OR PEDDLER <input type="checkbox"/> \$500.00 per year | |
| REAL ESTATE BROKER, APPRAISER, SALESPERSON | |
| DIRECT SELLER | |
| TELEPHONE | |
| BEER AND WINE OFF PREMISES \$37.50 <input type="checkbox"/> | |
| BEER AND WINE ON PREMISES \$37.50 <input type="checkbox"/> | |
| MIXED BEVERAGES <input type="checkbox"/> \$200.00 | |
| VENDING MACHINES(# OF MACHINES _____) | |
| BOTTLER'S LICENSE <input type="checkbox"/> \$500.00 | |
| DISTILLERY <input type="checkbox"/> Under 5,000 gal, <input type="checkbox"/> Over 5,000 gal <input type="checkbox"/> | |
| TOBACCO - \$20.00 | |
| BREWERY - \$250.00 <input type="checkbox"/> | |

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION AS TO GROSS RECEIPTS, SALES, COMMISSIONS, PURCHASES AND CONTRACTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

THIS FORM MUST BE COMPLETED AND LICENSE PURCHASED BY MARCH 1ST

10% PENALTY ADDED IF LICENSE IS NOT PAID BY MARCH 1ST

INTEREST PER ANNUM OR .83% PER MONTH

ZONING DISTRICT _____ **ZONING ADMINISTRATOR APPROVAL** _____ **ACCOUNT NUMBER** _____



Town of Luray
Zoning Clearance Application
Application No.: _____

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a Zoning Permit for the activity described below and as show on any attached plans or specifications, that the information provided is correct and that any construction/use will conform to the regulations of the Town's *Zoning Ordinance* and other codes of the Town of Luray, County of Page, and Commonwealth of Virginia, as applicable. This permit application authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to confirm information provided and compliance with the conditions applicable to this permit. Further I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Purpose of Application: ☐ Business License ☐ Inside Renovations ☐ Temporary Pool

Applicant Information:

Applicant Name _____

Company Name _____

Address _____

Phone: _____ Email: _____

Property Owner Information:

Owner Name _____

Address _____

Phone: _____ Email: _____

Property Information:

Site Address _____

Page County Tax Map Number _____ Town Zoning District _____

Request Information:

Nature of Request (Describe Fully) _____

For Pools: Include sketch of proposed placement on lot in relation to home and neighboring lots on back of application
For Business License: All taxes must be current; Any signage will require separate permit application
For Inside Renovations: Please identify contractor, anticipated construction time, and estimated value of improvements in description

Signature of Applicant

Date

Zoning Administrator

Date

Comments:



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MEMORANDUM

To: Contractors

From: Office of the Treasurer, Town of Luray

Subject: **Non Certified Contractors**

The Code of Virginia requires a contractor to be licensed with the Virginia State Board of Contractors. If they are NOT a licensed contractor, they must sign an affidavit stating they are not to undertake or bid on any job of \$1,000.00 or more.

A business license will not be issued if an affidavit is not signed by a contractor who is not licensed by the state. The contractor affidavit form is attached for your completion.

Thank you for your attention to this matter.



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MEMORANDUM

To: Contractors

From: Office of the Treasurer, Town of Luray

Subject: Certified Contractors

The Town of Luray requires an acknowledgement from Certified Contractors of their Virginia Contractors License.

A copy of your Virginia Contractor License shall be included with your Business License Renewal Form.

Thank you for your attention to this matter.



Town of Luray, Office of the Treasurer

PO Box 629, Luray VA 22835
(540) 743-5511~Fax: (540) 743-1486

Workers' Compensation Affidavit

The Virginia State Code §65.2-800, requires the Town of Luray to notify contractors that they must have Virginia Workers' Compensation insurance coverage to renew or apply for a business license.

Any contractor not subject to Virginia Workers Compensation coverage must sign an affidavit to renew or apply for a business license.

This is to certify under oath that _____,
(Name of individual, partnership, or corporation)

an applicant for a Town of Luray Contractor's License is not required to have Virginia Workers Compensation coverage pursuant to Section. §65.2-800 of the Code of Virginia.

Given under my hand this _____ day of _____, 20_____
_____.

(Signature of Applicant for Contractor's License)

(Print name of Applicant and Title)

COMMONWEALTH OF VIRGINIA
COUNTY OF PAGE to wit:

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Registration Number: _____

Signature of Notary Public: _____

NOTARY SEAL



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Office of the Treasurer
P.O. Box 629
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CONTRACTOR LICENSE AFFIDAVIT

The Code of Virginia requires that, pursuant to Virginia State Code 54.1-1111, any contractor applying for or renewing a license in a locality must show proof that they are licensed with the Virginia State Board of Contractors or they must sign an affidavit that they are not subject to licensure.

This affidavit must be signed if a Contractor is not registered with the Virginia State Board of Contractors and plans not to undertake or bid any job of \$1,000.00 or more. All tax entities including corporations, partnerships, limited liability companies, limited liability partnerships, and sole proprietorships must sign.

This is to certify under oath that _____,
(Name of individual, partnership, or corporation)

Is not a licensed contractor with the State Board of Contractors and shall not engage in nor bid on single contracts of more than \$1,000.00.

Given under my hand this _____ day of _____, 20_____.

Applicant Signature

Printed Name and Applicant Title

COMMONWEALTH OF VIRGINIA

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20_____.

County of Page

Notary Public: _____

Notary Registration Number: _____

My Commission Expires: _____

Notary SEAL