

**City of Bedford
Contractors License Application**

License Year

Account #

Contact Person

Location Address

Business Phone #

Fax #

Mbl. Or Alt. Phone #

Applicant Name & Address

Trade Name

Federal ID Number

Begin Bus. Date

License Number

Prior Year Estimate

Comments

Located (City or County)

Lic. There

VA Contractors Reg#/Class/Expires

Bonding Agent (Elect. Only) /Expires

Gross Receipts License Information

(1) Previous Year Gross Contracts or Revenue from Business or
Amount of this contract if out of town contractor

(2) Adjustments (- or +)

(3) Taxable Contracts (Line 1 minus line 2)

OATH: I, the undersigned, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Signature of Applicant or Authorized Agent
E-mail Address:

Date

Phone

If no longer in business, please check box () and give date business closed _____, sign and date above, provide information for the new owner and return the license application.

RATES:

Taxable Contracts line (3) from above multiplied by .0010:
\$25.00 minimum

If the amount of Taxable Contracts is less
than \$25,000.00 the tax is \$25.00.

TAX CALCULATIONS

AMOUNT OF TAX

PENALTIES (10% of tax)

**INTEREST
(Assessed by Treasurer)**

Contractors license expire on December 31 or
Upon Completion of the Contract

TOTAL TAX DUE:

License must be paid (postmarked) by the due date or a
10% penalty of the tax is assessed. **DUE DATE:**

This License shall not be valid or have any legal effect unless and until the taxes prescribed by law (and penalties and fees), as shown on the foregoing application and hereon, be paid to the Treasurer of The City of Bedford, and the fact of such payment appear on the face of a separate certificate of license issued at the time of payment.

ONE COPY OF THIS SIGNED APPLICATION MUST BE RETURNED WITH PAYMENT