

County of Shenandoah



DEPARTMENT OF COMMUNITY DEVELOPMENT
Shenandoah County Government Center
600 N. Main St., Suite 107
Woodstock, VA 22664
(540) 459-6185

APPLICATION FOR SHENANDOAH COUNTY CONTRACTOR'S LICENSE

Name of Applicant _____ Date _____

Applicant's Trade Name _____

Mailing Address _____ City/State/Zip Code _____

Telephone _____ Fax _____

Status of Business: Sole Proprietor Partnership Corporation

Are you currently licensed with the Commonwealth of Virginia Yes No

If yes, check one of the following:

Class A Contractor License Number _____
 Class B Contractor License Number _____
 Class C Contractor License Number _____

Please provide a copy of your Virginia Contractor License or Certificate.
If no, Sign affidavit verifying that no work is to be done over \$1000.00 per job.

Circle the below type(s) of contracting for which license is being applied for:

BLD	ELE	H/H	HVA	PLB	ALS	AES	ASB	PAV
BSC	BEC	CIC	CEM	ESC	EEC	EMW	ENC	EMC
FIC	FAS	SPR	FSP	GFC	HIC	ISC	LSC	LAC
LPG	MCC	BRK	MSC	NGF	PES	PTC	RMC	RFC
REF	ROC	SDS	POL	VCC	WWP	OTHER	_____	

The fee for the Shenandoah County License is \$35. Class A Contractors are exempt from this fee.

IF APPLYING FOR A LICENSE FOR ELECTRICAL, PLUMBING, OR HVAC; PLEASE GIVE YOUR NAME, LEVEL, AND TRADE OF EACH CERTIFICATE HOLDER:

<u>NAME</u>	<u>NUMBER</u>	<u>LEVEL</u>	<u>TRADE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF A PARTNERSHIP; PLEASE COMPLETE THE FOLLOWING:

<u>NAME OF EACH PARTNER</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

IF A CORPORATION; PLEASE COMPLETE THE FOLLOWING:

Has the corporation qualified to do business in Virginia in accordance with the Laws of the Commonwealth of Virginia? Yes Date _____ No

Name of Principal Officers:

President _____ Vice-President _____
Secretary _____ Treasurer _____

Are any of the principals of the applicant business also principals in any other corporation, partnership, association, firm or joint venture? Yes No

I CERTIFY THAT ALL THE INFORMATION GIVEN ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(APPLICANT'S SIGNATURE)

(DATE)

OFFICE USE ONLY

NEW RENEWEL APPROVED NOT APPROVED

RECEIPT NUMBER: _____ TOTAL FEE: _____

(CODE OFFICIAL)

(DATE)