

**Julie A. Phillips, MCR**  
Commissioner of the Revenue



**Ellen Z. Bryant, MDCR**  
Chief Deputy

## Cumberland County

Office of the Commissioner of the Revenue  
P.O. Box 77 ~ Cumberland, Virginia 23040  
804.492.4280 ~ Fax: 804.492.3342

### 2026 Out of County Contractor Business License

**Please Submit to the Following Address:**

Commissioner of the Revenue  
One Courthouse Circle  
PO Box 77  
Cumberland, Virginia 23040

**Make Checks Payable to:**  
Treasurer, Cumberland County

Office Use Only	Processed By:
License Number: _____	
Date Received: _____	
ID Verified: <input type="checkbox"/> D.L. <input type="checkbox"/> Other ID#:	
Payment Received: <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check # _____ <input type="checkbox"/> N/A	
Certificate: <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> In person Date: _____	

**Please complete all fields below**

<input type="checkbox"/> FEIN or <input type="checkbox"/> SSN:	Trading as Name:
Applicant Name:	Business Address:
Mailing Address:	City, State, Zip:
City, State, Zip:	Business Phone #:
Contact Phone #:	Email:

Business Entity:  Individual  LLC  Partnership  Corporation

**State Board Contractors or Tradesman License Number:**

Current Class:	Expiration Date:
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> N/A	

**Work done in Cumberland County (amount of contract or building permit)**

<u>Oath:</u> I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.	Contract or Building Permit Amount:	
	Building Permit # _____	\$
	Rate:	.05/ 100
	Total Due: (\$30.00 Minimum)	\$

Printed Name of Applicant or Authorized Agent

Signature

Title of Applicant or Authorized Agent

Date