



City of Manassas
OFFICE OF THE COMMISSIONER OF THE REVENUE
9027 Center Street – PO Box 125 – Manassas VA 20110
(703) 257-8214

OUT-OF-CITY CONTRACTORS LICENSE APPLICATION

TRADE NAME _____

MAILING ADDRESS _____

BUSINESS PHONE _____

LOCALITY OF PRINCIPAL OFFICE _____

STATE CONTRACTOR'S LICENSE # _____ ORIGINATING STATE _____
(PLEASE INCLUDE COPY OF CONTRACTORS LICENSE WITH APPLICATION)

FEDERAL ID# _____

OWNER NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____

LOCATION OF CONTRACT SITE _____

ESTIMATED DATE OF COMPLETION _____

CONTRACT AMOUNT _____
X \$0.0010

LICENSE CHARGE _____

SIGNATURE _____

TITLE _____

PRINT NAME _____

DATE _____

EMAIL _____

OFFICE USE ONLY

ACCT # _____

DATE ISSUED _____