Approval Code: C Staff Associate Initial: 915 License Fees: Cha Penalty: W TOTAL PAID: R		LICENSE APPLICA y of Charleston uarrier St., Suite 4 leston, WV 25301 ne: (304)348-8024 v.cityofcharleston.org	ATION					
C	CITY OFFICIAL USE ONLY 2017-2018							
			ACC	COUNT NUMBER:				
Nam	e of Business:							
	x:			application is for the renewal of an existing				
Attn:			license. If you are a new business or new owner of an existing business, you <u>MUST</u> complete the BUSINESS REGISTRATION					
	ing Address:		APPLICATION.					
	State:							
Gen Sec A.		ABCC License	 6. Private Club Les 7. Private Club Mo 8. Fraternal, Vetera Street Vending – <u>Mu</u> enter into a Hold Har 9. Street Vending – 10. Street Vending Designated Street Vending (to be complete) Federal Employer ID/Soce	valid 2017-2018 WV ABCC License as than 1000 members (\$500.00) ore than 1000 members (\$1,250.00) ans or Non -Profit Social Clubs (\$375.00) st provide Proof of Liability Insurance and mless Agreement with the City. Non Motorized Cart (\$20.00) – Motorized Vehicle (\$20.00) ng Space:				
	State: Zip:	Phone Number:						
B.								
			-	owning 25% or more of the business.***				
C.			-	Title:				
	Phone number of preparer:							
	Description of your business:							
F.				Yes / No If yes, see City Code §18-863				
G.		Beer: Yes / No		If Yes, you <u>Must</u> attach your 2017-2018 ABCC License				
	Does your business <u>sell</u> or serve p		-	st attach your 2017-2018 Kanawha County Health Permit				
	Does your business conduct home	solicitations or door-to-door	sales? Yes / No	If Yes, you <u>Must</u> post a \$3,000 surety bond for <u>each</u> sales representative				
J.	Do you own rental property that is	located in Charleston? Y	es / No If yes, How	/ many rental units do you own?				

		RTS ACCOUNT # :
		City Official Use Only
K.	Local business phone number:	
L.	Physical location of your business in Charleston:	Zip:
M.	Do you own the property in which your business in Charleston is located (if applicable)?	Yes / No
	If No, Name of property owner:	Phone No.:
N.	Does your business contain vending machines? Yes / No	
	If Yes, Name of owner:	_ Phone No.:

***Privacy Act Statement:** Disclosure of a Social Security Number (SSN) to the City of Charleston is voluntary. If you do not wish to disclose your SSN, you may provide an alternative identification number, The City of Charleston solicits this information pursuant to West Virginia Code § 8-13-13 and the Charleston City Code. The City of Charleston will not disclose your SSN or any other information you provide to any other entity or party. The City of Charleston requests this information to facilitate the verification of withholding and payment of service fees

Section III. Authorized Signature of Business: By signing below, I do hereby certify and declare, under penalty of perjury, that the information furnished in this application is true, complete and accurate to the best of my knowledge.

Signature of Business Owner or Authorized Agent	Dete	Title
Signature of Business Owner of Authorized Agent	Date	Title

Business License Renewal Application Instructions:

1. Select the appropriate license(s) for your business in Section I. All businesses with a storefront or a physical location within the City of Charleston are required to purchase a General Business License. Sales of beer or liquor, or street vending activities require an additional license. If your business intends to sell beer or liquor, you <u>must</u> attach a copy of your WV ABCC License. If your business desires to engage in street vending in the downtown central business district, you <u>must</u> provide Proof of Liability Insurance in the aggregate sum of \$500,000, adding the City as an additional insured, and you <u>must</u> enter into a Hold Harmless Agreement with the City. Please be aware street vending is only permitted in designated areas. See street vendor rules and regulations and street vendor map for details.

2. Complete Section II in its entirety. If your business intends to sell or serve prepared food, you <u>must</u> attach a copy of your Kanawha County Health Permit. If your business desires to purchase gold, silver or other precious metals, jewels or other products, you <u>must</u> comply with the requirements of §18-863 of the Charleston Municipal Code to report your purchases to the Charleston Police Department. If your business intends to conduct door-to-door sales or engage in home solicitation, a \$3,000 surety bond <u>must</u> be posted for <u>each</u> sales representative.

3. Sign and date the application in Section III.

4. Mail the completed application with your total payment to the address below on or before **June 30, 2017**. If you have any questions with respect to your application, please contact the City Collector's Office at (304) 348-8024.

Return To: Charleston City Collector's Office Attn: Business Licensing 915 Quarrier St., Suite 4 Charleston WV 25301