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Appendix:

(A) Business Registration Application
(B) Residential Rental Application
(C) Business & Occupation Tax Return and Instructions
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INTRODUCTION TO THE CITY OF CHARLESTON
BUSINESS REGISTRATION, BUSINESS & OCCUPATION TAX,
AND CITY SERVICE FEE REQUIREMENTS

Congratulations on your new business opportunity and your investment in the City of Charleston. We hope your venture in our community proves to be prosperous and successful. As a new business, we would like to make you aware of the regulations and requirements for conducting business in our city.

The purpose of this handbook is to provide any perspective new business applicant of our tax, fee, and licensing requirements. The Office of the City Collector is responsible for registering all individuals/firms conducting business in the City of Charleston, and for collecting all taxes and fees due.

The Office of City Collector is located in the new City Service Center located at 915 Quarrier Street, Suite 4 (corner of Dickinson & Quarrier Streets). Our office is open daily, Monday through Friday, 8:00 a.m. to 5:00 p.m., except holidays. We are here to assist you with any questions or concerns you may have relating to your tax, fee, and licensing requirements and responsibilities.

Again, we wish you great success with your new business endeavor. The City recognizes the importance and encourages promoting and expanding new business in our community.
STARTING A NEW BUSINESS: WHERE DO I BEGIN?

The first step in starting a new business in the City of Charleston is to obtain a Business Registration Application from the Office of the City Collector. Completion of the Business Registration Application is required by all businesses/individuals engaged in business activities within the City of Charleston, irrespective of whether or not such persons maintains a permanent place of business in the City of Charleston.

After you acquire and complete your Business Registration Application, you must then obtain an inspection and approval for occupancy of the premises from the City of Charleston Planning/Zoning, Building and Fire Departments before your application can be processed by the Office of the City Collector. As the applicant, it is your responsibility to contact these departments. These departments will ensure your proposed business location is in compliance with city zoning ordinances, building codes, and fire safety regulations respectively.

Upon obtaining approval from the Planning/Zoning, Building and Fire Departments, you can return your application to our office. Please make certain all fields and questions are completed and answered, your application is signed, all required documentation (i.e. health permit, liquor license, bond) and the appropriate fee is included, if applicable. Incomplete applications will not be processed, and returned to the applicant.

A Business Registration Application may require an annual fee, depending on the nature, location and classification of your business activity. If you are uncertain as to how your business activity should be classified, please contact our office. Once your application is received and processed, you will be issued an account number, and begin receiving quarterly B&O Tax and CSF returns through the mail.
BUSINESS & OCCUPATION TAX OVERVIEW

The City of Charleston broadly imposes a Business and Occupation ("B&O") Privilege Tax upon all persons for the act or privilege of engaging in business activities within the City of Charleston. The term "business" shall include all activities engaged in or caused to be engaged in with the object of gain or economic benefit, either direct or indirect. In determining whether a business is engaged in for "direct or indirect economic gain or benefit", the lack of profit suffered in said activity is not relevant; nor is it material that the business was engaged in without profit as the primary motivation.

B&O Tax is measured by the application of rates against values of products, gross proceeds of sale, or gross income of the business, as the case may be. All persons engaging in business activities in the City of Charleston are subject to the B&O Tax unless specifically exempted by Chapter 110, Article II, Section 110-63 of the Code of the City of Charleston.

Certain occupations and business activities are classified, and the classifications are significant inasmuch as the tax liability varies because of the different rates established for the types of business activities engaged in by the taxpayer. The business activity usually determines the taxable classification, and where different business activities are conducted, the taxpayer is liable for tax under each taxable classification involved. If you are uncertain as to your business activity or how your business should properly calculate the tax, please contact our office.

For individuals or businesses that perform residential or commercial contracting activities, the Office of the City Collector has available, upon request, a Construction Projects Handbook. This handbook details the B&O Tax responsibilities of individuals in the construction industry.

In addition to registering with the Office of City Collector, all contractors must also register with the City of Charleston Building Department. If you have any questions or concerns regarding your contractor registering status, please contact the Building Department at (304)348-6833.
BUSINESS & OCCUPATION TAX FREQUENTLY ASKED QUESTIONS (FAQ’S)

Q. WHO IS REQUIRED TO FILE?

A. All persons who are engaged in business within the City of Charleston are required to file B&O Tax returns. Persons domiciled outside the city limits who (a) lease tangible personal property to lessees in the municipality, or (b) perform construction or installation contracts in the municipality, or (c) render services to others therein, are doing business in the municipality, irrespective of the domicile of such persons, and irrespective of whether or not such persons maintain a permanent place of business in the City of Charleston.

In addition, persons domiciled outside the City of Charleston who sell or deliver tangible personal property to persons inside the city limits are doing business in the city, irrespective of the domicile of such persons, and irrespective of whether or not such persons maintain a permanent place of business in the City of Charleston.

Persons domiciled in and having a place of business in Charleston who (a) sell or lease personal property to buyers or lessees outside the municipality, or (b) perform construction or installation contracts outside the municipality, or (c) render services to others outside the city, are doing business both within and without the city. Whether or not such persons are subject to B&O Tax depends on the kind of business and the manner in which it is transacted. The following general principles determine tax liability under the municipal B&O Tax.

Selling Personal Property:

Gross income or gross proceeds of sales derived from sales within West Virginia, which is not taxed or taxable by any other municipality are included in the measure of Charleston B&O Tax if the sales are either directed from a city location, or if the taxpayer’s principal West Virginia offices is located in the City of Charleston.

If the taxpayer has only one office location, and this office is located within the City of Charleston, and its activities elsewhere in West Virginia are neither taxed nor taxable by another municipality, the gross income or gross proceeds from those activities are taxable by the city.

Construction or Installation Contracts in the City of Charleston:

When the business involves a construction or installation contract in Charleston, no deduction from the measure of the tax is permitted, even though the contractor is domiciled outside the city, and maintains a place of business outside the municipality.

Construction or Installation Contracts Outside the City of Charleston:

When the business involves a construction or installation contract outside the City of Charleston, the tax does not apply to any part of the income derived therefrom, even though the contractor is

Revised 5/29/2017
domiciled in the city, and maintains a place of business therein, which may contribute to the contract performed outside the municipality.

Rendering Services:

Gross income or gross proceeds of sales derived from services within West Virginia, which is not taxed or taxable by any other municipality are included in the measure of Charleston B&O Tax if the services are either directed from a city location, or if the taxpayer's principal West Virginia office is located in the City of Charleston.

If the taxpayer has only one office location, and this office is located within the City of Charleston, and its activities elsewhere in West Virginia are neither taxed nor taxable by another municipality, the gross income or gross proceeds from those activities are taxable by the city.

If you are uncertain if your business activity is subject to B&O Tax, please contact our office.

Q. MY BUSINESS IS ALREADY REGISTERED WITH THE STATE OF WEST VIRGINIA. DO I STILL NEED TO REGISTER WITH THE CITY OF CHARLESTON?

A. Yes. The City of Charleston is a separate and distinct entity from the State of West Virginia.

Q. WHAT IS GROSS INCOME?

A. Gross income means the gross receipts of the taxpayer, without any deduction on account of the cost of property sold, the cost of materials used, labor costs, taxes, royalties paid in cash or in kind or otherwise, interest or discount paid or any expense whatsoever.

Q. WHEN ARE B&O TAX RETURNS DUE?

A. B&O Tax returns are due within one month following the end of the taxable quarter. Quarterly payments are due on or before the last day of April, July, October and January.

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>PERIOD</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st qr.</td>
<td>January 1st - March 31st</td>
<td>April 30th</td>
</tr>
<tr>
<td>2nd qr.</td>
<td>April 1st - June 30th</td>
<td>July 31st</td>
</tr>
<tr>
<td>3rd qr.</td>
<td>July 1st - September 30th</td>
<td>October 31st</td>
</tr>
<tr>
<td>4th qr.</td>
<td>October 1st - December 31st</td>
<td>January 31st</td>
</tr>
</tbody>
</table>

Returns received after the due date will be assessed penalty and interest due. An invoice for penalty & interest will be mailed to you. POSTMARKS ARE NOT ACCEPTED
Q. WHAT ARE THE TAX RATES?

A. The tax rate depends on the classification of your business activity. See tax table below:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Rate Multiplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Production of Natural Resources (1%)</td>
<td>0.01</td>
</tr>
<tr>
<td>2. Manufacturing (0%)</td>
<td>0.00</td>
</tr>
<tr>
<td>3. Retailers (1/2 of 1%)</td>
<td>0.005</td>
</tr>
<tr>
<td>4. Wholesalers (15/100 of (1%))</td>
<td>0.0015</td>
</tr>
<tr>
<td>5. Electric Power (sales &amp; lighting) (4%)</td>
<td>0.04</td>
</tr>
<tr>
<td>6. Electric Power (other sales/demand charges) (3%)</td>
<td>0.03</td>
</tr>
<tr>
<td>7. Natural Gas Companies (3%)</td>
<td>0.03</td>
</tr>
<tr>
<td>8. Water Companies (4%)</td>
<td>0.04</td>
</tr>
<tr>
<td>9. All Other Public Utilities (2%)</td>
<td>0.02</td>
</tr>
<tr>
<td>10. Contracting (2%)</td>
<td>0.02</td>
</tr>
<tr>
<td>11. Amusement (1/2 of 1%)</td>
<td>0.005</td>
</tr>
<tr>
<td>12. Service/All Other Businesses (1%)</td>
<td>0.01</td>
</tr>
<tr>
<td>13. Rent/Royalties (1%)</td>
<td>0.01</td>
</tr>
<tr>
<td>14. Banking/Other Financial (1%)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Q. WHAT ARE THE PENALTY & INTEREST RATES?

A. The tax, if not paid when due, shall bear interest at the rate of 8% per annum from the date the return is due. The penalty shall be 5% for the first month, or fraction thereof, and 1% of the tax for each succeeding month or fraction thereof.

Q. AM I REQUIRED TO FILE EVEN IF I HAD NO INCOME DURING A PERIOD?

A. Yes. All individuals who usually conduct taxable business activity within the Charleston, but have no business activity during a particular reporting period must file a “zero” return.

Q. CAN I PAY MY B&O TAX ANNUALLY?

A. If your total tax liability to the City of Charleston is less than $200.00/year you can request and annual filing status. This request must be made in writing.

Q. CAN I USE MY CREDIT OR DEBIT CARD TO PAY THE TAX?

A. Yes. Business & Occupation Tax payments can be made on-line at: http://www.charlestonwv.gov/government/city-payments

Q. CAN I FILE MY RETURN ELECTRONICALLY?

A. Yes. You can file your return on-line and make your payment at http://www.charlestonwv.gov/government/city-payments
Q. WHAT IF I OVERPAID THE TAX, CAN I RECEIVE A REFUND?

A. Yes. Any taxpayer claiming to have overpaid any tax, interest, or penalty shall file a claim in writing to the City Collector within three years after the due date of the return or within two years from the date the tax was paid, whichever such period expires the later, or if no return was filed by the taxpayer, within two years from the time the tax was paid.

Q. WHAT IF I UNDERPAY OR FAIL TO PAY THE TAX?

A. If you underpay or fail to pay the tax, the City Collector may, at any time, issue an assessment. Upon receiving an assessment, you have thirty (30) days to: (1) remit the assessment balance due, or (2) contest the assessment and file a Petition for Reassessment, either in person or via certified mail. If you fail to comply with either number (1) or (2) above, the assessment will become final and conclusive, and a lien will be filed against you.

Q. HOW DO I CONTEST AN ASSESSMENT?

A. To contest an assessment, you must file a Petition for Reassessment with the City Collector, either in person or by certified mail within 30 days from the date of the assessment. Upon receipt of a timely filed petition, the City Collector will schedule an administrative hearing within 90 days of the filing of the Petition for Reassessment, and provide the taxpayer written notice of the date, time, and location of the hearing. The hearing will be informal, and conducted in an impartial manner by the City Collector, or a hearing examiner designated by the City Collector. The burden of proof shall be upon the taxpayer to show the assessment is incorrect and contrary to law, in whole, or in part.
CITY SERVICE FEE OVERVIEW

The City of Charleston imposes a two and a half dollars ($2.50) per week City Service Fee ("CSF") upon all full-time/part-time employees and self-employed individuals who regularly report to work at a physical location, or work from home within the City of Charleston. Employers are required to withhold two and a half dollars per week from their employees’ pay. The fee is then remitted quarterly to the Office of the City Collector. Self-employed individuals will remit the fee on their own. CSF payments not received within one month following the end of the calendar quarter will be subject to penalties and interest.

If you work two jobs in Charleston, and the fee is being deducted by both of your employers, simply complete a Prior Payment Form (CSF-1). Fill out area one (1) and sign area two (2). One of your employers must complete area three (3) and sign area four (4). Once the completed form is signed, it should then be given to your second employer and retained by them. THE PRIOR PAYMENT FORM SHOULD NOT BE SENT TO THE OFFICE OF CITY COLLECTOR.

If the fee was withheld from your pay in error, simply complete a Refund Claim Form (CSF-5), attach a copy of your paystub(s) or some other documentation showing the fee was deducted by mistake, and return to the Office of the City the Collector. This form must be received within thirty (30) days following the receipt of payment from your employer.

If your business is exempt from our Municipal Business & Occupation Tax, but maintains an office/location in Charleston, you are still required to withhold the fee from your employees.
CITY SERVICE FEE FREQUENTLY ASKED QUESTIONS (FAQ'S)

Q. WHO IS REQUIRED TO FILE?

A. All full-time/part-time employees and self-employed individuals who regularly report to work at a physical location, or work from home within the City of Charleston. Employers will deduct the fee from their employees pay, and remit it on their behalf. Self-employed individuals will remit the fee on their own.

Q. WHEN ARE CSF RETURNS DUE?

A. CSF returns are due within one month following the end of the taxable quarter. Quarterly payments are due on or before the last day of April, July, October and January.

<table>
<thead>
<tr>
<th>QUARTER</th>
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<tr>
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<td>October 1st - December 31st</td>
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</tr>
</tbody>
</table>

Returns received after the due date will be assessed penalty and interest due. An invoice for penalty & interest will be mailed to you. **POSTMARKS ARE NOT ACCEPTED**

Q. WHAT ARE THE INTEREST AND PENALTY RATES?

A. The fee, if not paid when due, shall bear interest at the rate of 8% per annum from the date the return is due. The penalty shall be 5% for the first month, or fraction thereof, and 2% of the fee for each succeeding month or fraction thereof.

Q. MY EMPLOYEES ARE NOT PAID WEEKLY. HOW DO I CALCULATE THE CSF AMOUNT(S) TO WITHHOLD FROM THEIR PAY?

A. Please refer to the Employer Worksheet (CSF-4) to determine the amount(s) to withhold based on a weekly, bi-weekly, monthly, or bi-monthly pay.

Q. WHAT IF I WORK TWO JOBS WITHIN THE CITY? DO I HAVE TO PAY THE FEE TWICE?

A. No. Simply complete a CSF-1 Prior Payment Form and give it to your second employer. Once this form is received by your second employer, they are no longer required to withhold the fee.
Q. ARE NON-PROFIT ENTITIES, RELIGIOUS ORGANIZATIONS, OR OTHER BUSINESSES THAT ARE EXEMPT FROM BUSINESS & OCCUPATION TAX REQUIRED TO DEDUCT THE FEE FROM THEIR EMPLOYEES?

A. Yes. All businesses and self-employed individuals working in the City of Charleston are required to withhold and remit the fee.

Q. RATHER THAN DEDUCTING THE FEE FROM MY PAY, CAN MY EMPLOYER PAY THE FEE FOR ME?

A. There is no provision in Chapter 6, Article II of the Code of the City of Charleston prohibiting your employer from paying the fee for you; however, it may be considered taxable income for federal and state tax purposes. Employers should consult their tax advisor for more information.

Q. CAN I GET A REFUND IF MY EMPLOYER DEDUCTED THE FEE IN ERROR?

A. Yes. If your employer has withheld the CSF, but has not yet remitted the fee for the particular quarter, you will need to request the refund from your employer. If your employer has already remitted the fee for the particular quarter, simply complete a CSF-5 Refund Claim Form and remit it to the Office of the City Collector. This form must be received by our office within thirty (30) days following the receipt of payment from your employer. Otherwise, you will have to seek a refund from your employer.

Q. CAN I PAY THE CITY SERVICE FEE ANNUALLY?

A. No. Unfortunately, our fee and revenue system will not permit us to handle annual payments of the fee at this time.

Q. ARE THERE A MINIMUM NUMBER OF HOURS YOU HAVE TO WORK IN ORDER TO BE REQUIRED TO PAY THE FEE?

A. No. All part-time employees are required to pay the fee.

Q. DOES AN EMPLOYEE HAVE TO PAY THE FEE IF THEY ARE ON PAID LEAVE, VACATION, PAID SICK LEAVE, PAID LEAVE OF ANY KIND, OR OUT OF TOWN ON BUSINESS?

A. Yes. The fee continues to apply with respect to an employee who, prior to the paid out of office time, was responsible for the fee.

Q. CAN I USE MY CREDIT OR DEBIT CARD TO PAY THE FEE?

A. No. Currently, the payment options accepted by the City are check and cash. We are looking at the possibility of adding other payment options in the near future, including credit and debit cards, as well as on-line payments.
IMPORTANT: This is a four page application. All applicable questions must be answered in order to properly classify business activities. Incomplete forms will delay processing of your application.

Section I. General Information:

1. Company Name: ____________________________________________________________

2. DBA: _________________________________________________________________

3. Federal Employer ID/Social Security Number*: ________________________________

4. Contact Name: __________________________________________________________

5. Mailing Address: _________________________________________________________


8. Contact Phone Number: ____________________________ 9. Contact Fax Number __________

9. Contact Mobile Number: ____________________________ 10. E-mail Address: ________________

11. Do you have a physical location in Charleston: Yes / No If you circled yes you MUST complete Section II and Section III of this application.

12. Physical address of business: _____________________________________________


16. Local Phone Number: ____________________________________________________

17. Date of WV Incorporation if applicable: ______________________________________

18. Date business began operation in Charleston: ________________________________

19. Does this business own the property on which it is located? ____________________

If not, who is the owner? ______________________________________________________

Owner’s address _____________________________________________________________

Owner’s phone ## ________________________________

Page 1 of 4
20. Do you sell at? Retail  Wholesale  Manufacturing

21. Does your business contain vending machines?  
If so, who is the owner and their address?

22. Description of business

23. Do you own rental property in the City of Charleston? Yes  /  No  
If Yes, how many units: 
If you own more than 1 rental unit in Charleston you Must complete Section II of this application.

Please attach a sheet listing all rental property that you own in the City of Charleston.

24. Is this a Home Based Business: Yes  /  No
Home Based Business- A business that is operated out of a personal residence, does not have a store front.

25. Ownership Type:
Proprietorship  Partnership  Corporation  Non-Profit  Other (Include copy of 501 (3) (c))

List all principle officers, proprietors, partners or any individual owning more than 25% of the business:

Name_________________________________________Social Security #_________________________________________
Address_________________________________________Telephone #_________________________________________

Name_________________________________________Social Security #_________________________________________
Address_________________________________________Telephone #_________________________________________

Name_________________________________________Social Security #_________________________________________
Address_________________________________________Telephone #_________________________________________

Name_________________________________________Social Security #_________________________________________
Address_________________________________________Telephone #_________________________________________

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.

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  Date  Title
Section II. Business License Category: (Only complete this section if you answered yes to Question #11 or if you own more than 1 rental unit in Charleston)

1. Select the appropriate license(s) for your business in Part A. 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 must attach a copy of your WV ABCC License. If your business desires to engage in street vending in the downtown central business district, you must provide Proof of Liability Insurance in the aggregate sum of $500,000, adding the City as an additional insured, and you must 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 Part B in its entirety. If your business intends to sell or serve prepared food, you must 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 must 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 must be posted for each sales representative.

3. Sign and date the application in Part C.

Part A:

General Business:

0. GENERAL BUSINESS ($20.00)

Beer - Must attach valid WV ABCC License

- 1. Distributor ($250.00)
- 2. Dispenser ($100.00)
- 3. Club ($100.00)
- 4. Class A Retail ($100.00)
- 5. Class B Retail ($15.00)

Liquor - Must attach valid WV ABCC License

- 6. Private Club Less than 1000 members ($500.00)
- 7. Private Club More than 1000 members ($1,250.00)
- 8. Fraternal, Veterans or Non-Profit Social Clubs (375.00)

Street Vending - Must provide Proof of Liability Insurance and enter into a Hold Harmless Agreement with the City.

- 9. Street Vending ($20.00)
  Designated Street Vending Space
  (to be completed by City staff in consultation with applicant)

Part B:

A. Does your business purchase gold, silver or other precious metals, jewels or products? Yes / No
If yes, see City Code §18-863

B. Does your business sell? Beer: Yes / No Liquor: Yes / No
If Yes, you Must attach your ABCC license

C. Does your business sell or serve prepared food? Yes / No
If Yes, you Must attach a copy of your Kanawha County Health Permit

D. Does your business conduct home solicitations or door-to-door sales? Yes / No
If Yes, you Must post a $3,000 surety bond for each sales representative.

Part C: 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 ______________________ Date ______________ Title __________________________

Page 3 of 4
Section III. Planning/Zoning & Property Certification:

It is the responsibility of each applicant upon an initial application for a city business license/registration to first ascertain inspection and approval for occupancy of the premises from the Planning/Zoning, Building and Fire Departments. The information in the box below is for a new business, an existing business with a new owner, or an existing business in a new location within the City of Charleston.

**Do Not Submit Application Until You Have Contacted the Offices Below**

TO BE COMPLETED BY: ZONING/PLANNING DEPARTMENT

1. Was the business location previously occupied?
   - Yes 
   - No

2. Is the proposed business a continuation of that previous type of business?
   - Yes 
   - No

3. Has the applicant confirmed the zoning of this location?
   - Yes 
   - No

4. Does this business conform to the current zoning code?
   - Yes 
   - No

5. What is the Zoning District of this proposed business:

6. Applicable Section of the Zoning Ordinance:

7. Has the Planning Office approved the proposed business?
   - Yes 
   - No

If no, the reasons are as follows:

Approved By: ____________________________ Planning Official

Date: ________________________________

TO BE COMPLETED BY: BUILDING DEPARTMENT

Phone Number: (304)348-6833

Approved By: ____________________________ Building Official

Date: ________________________________

TO BE COMPLETED BY: FIRE DEPARTMENT

Phone Number: (304)348-8058

Approved By: ____________________________ Fire Department Official

Date: ________________________________
APPLICATION FOR RESIDENTIAL RENTAL LICENSE

(Appendix B)

I. OWNER(S) INFORMATION (If property is owned by a corporation or limited liability, list any co-owner or principal owning more than 25%)

☑ Sole Proprietorship  ☐ Partnership  ☐ Corporation or LLC  ☐ Other __________________________

Company Name: _______________________________ FEIN: _______________________________

Start Date: _______/_______/_______  B&O Tax Account Number: __________________________

(MM/YY)

Owner: ___________________________ ___________________________ ___________________ DOB: _______/_______/_______

(First) (MI) (Last) (MM/DD/YY)

Address: ___________________________ ___________________________ __________________________

(Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (_______) - _______ - __________________________  Cell Phone No.: (_______) - _______ - __________________________

Fax No.: (_______) - _______ - __________________________  Email Address: __________________________

Co-Owner/Principal: ___________________________ ___________________________ DOB: _______/_______/_______

(First) (MI) (Last) (MM/DD/YY)

Address: ___________________________ ___________________________ __________________________

(Street No.) (Street Name) (City) (State) (Zip)

Phone No.: (_______) - _______ - __________________________  Cell Phone No.: (_______) - _______ - __________________________

Fax No.: (_______) - _______ - __________________________  Email Address: __________________________

II. PROPERTY/UNIT INFORMATION: (Information in this section applies to a physical property structure identified by a single Kanawha County Real Estate Tax Account Number. Use ATTACHMENT II(a) to list additional properties and rental units owned by the owner(s) listed in Section I.)

<table>
<thead>
<tr>
<th>Kanawha County Real Estate Tax Account Number</th>
<th>No. of Rental Units Owned on Property</th>
<th>Purchase Date (MM/YY/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________</td>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Street No. ___________________________ Street Name ___________________________ Zip Code ___________________________

Bank or Financial Institution: ___________________________ Deed of Trust or Lien Holder: ___________________________

Phone No.: ___________________________

Complete the following information for each rental unit owned at the street no. and street name listed above.

<table>
<thead>
<tr>
<th>Apt/Unit ID: _______</th>
<th>Sq. Feet: _______</th>
<th>Max Occupancy: _______</th>
<th>Fire/Refuse Fee Accnt. No.: _______</th>
<th>_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apt/Unit ID: _______</td>
<td>Sq. Feet: _______</td>
<td>Max Occupancy: _______</td>
<td>Fire/Refuse Fee Accnt. No.: _______</td>
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<td>Max Occupancy: _______</td>
<td>Fire/Refuse Fee Accnt. No.: _______</td>
<td>_______</td>
</tr>
</tbody>
</table>
Name: ____________________________
(First) (MI) (Last.)

(Street No.) ______________________ (Street Name) ______________________ (City) ______________________ (State) ______________________ (Zip) ______________________

Phone No.: (_______) - _______ - _________   Cell Phone No.: (_______) - _______ - _________
Fax No.: (_______) - _______ - _________   Email Address: ____________________________

IV. RENT COLLECTIONS AGENT (If other than owner or responsible local agent.)

Name: ____________________________
(First) (MI) (Last.)

(Street No.) ______________________ (Street Name) ______________________ (City) ______________________ (State) ______________________ (Zip) ______________________

Phone No.: (_______) - _______ - _________   Cell Phone No.: (_______) - _______ - _________
Fax No.: (_______) - _______ - _________   Email Address: ____________________________

V. AUTHORIZED MAINTENANCE AGENT (If other than owner or responsible local agent.)

Name: ____________________________
(First) (MI) (Last.)

(Street No.) ______________________ (Street Name) ______________________ (City) ______________________ (State) ______________________ (Zip) ______________________

Phone No.: (_______) - _______ - _________   Cell Phone No.: (_______) - _______ - _________
Fax No.: (_______) - _______ - _________   Email Address: ____________________________

VI. SERVICE OF PROCESS AGENT

Name: ____________________________
(First) (MI) (Last.)

(Street No.) ______________________ (Street Name) ______________________ (City) ______________________ (State) ______________________ (Zip) ______________________

Phone No.: (_______) - _______ - _________   Cell Phone No.: (_______) - _______ - _________
Fax No.: (_______) - _______ - _________   Email Address: ____________________________

VII. AUTHORIZATION:

By signing below, I hereby acknowledge that this Residential Rental License Application contains true and accurate information. I understand that in order to be granted a Residential Rental License, the owner of any rental unit(s): (1) Must have a current (non-delinquent) Municipal B&O Tax account; (2) Must have a current (non-delinquent) Municipal Fire and Rescue account for each rental unit; (3) Must not have any outstanding fines or liens owed the City arising from building, planning, or zoning violations related to the rental unit(s); (4) Must maintain each rental unit in compliance with any and all Municipal building and planning codes and standards.

The submission of this application or the issuance of a Residential Rental License by the City of Charleston shall not constitute a finding by the City that the rental unit is in compliance with any or all requirements imposed by any City, State or Federal law or regulation. If you have any questions related to this application, please contact the Office of the Charleston City Collector at (304) 348-8024.

Signature of Owner/Authorized Agent ____________________________

Date ____________________________
APPLICATION FOR RESIDENTIAL RENTAL LICENSE
ATTACHMENT II(a)  
(Appendix B)

Owner: ____________________________ ____________________________ ____________________________
(First) (MI) (Last)

<table>
<thead>
<tr>
<th>Kanawha County Real Estate Tax Account Number</th>
<th>No. of Rental Units Owned on Property</th>
<th>Purchase Date (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<th>Street No.</th>
<th>Street Name</th>
<th>Zip Code</th>
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<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Bank or Financial Institution Deed of Trust or Lien Holder</th>
<th>Phone No.</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
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<th>Apt./Unit ID</th>
<th>Sq. Feet</th>
<th>Max Occupancy</th>
<th>Fire/Refuse Fee Acct. No.</th>
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</tr>
</tbody>
</table>
APPLICATION FOR RESIDENTIAL RENTAL LICENSE
INSTRUCTIONS

Step 1: Complete Owner(s) Information – The owner is the individual(s) or entity listed on the deed recorded with the Clerk of Kanawha County. If more than one person has an ownership interest, please list the required information for each individual. If the owner is not a natural person, please list the contact information for the president, general manager or other chief executive of the organization. If the property is held by a business entity, please list any principal officers or partners owning more than 25%. You will need your Business & Occupation Tax Account Number to complete this section.

Step 2: Complete Property/Unit(s) Information – Information in this section applies to a physical property structure identified by a single Kanawha County Real Estate Tax Account Number. Please list the total number of rental units owned at this structure, and provide the unit details for each unit. If you own additional properties, please complete Attachment II(a). You will need your Kanawha County Real Estate Tax Account Number and your Fire/Refuse Fee Account Number to complete this section.

Step 3: Complete Authorized Agent Information – If you have designated someone to act on your behalf to manage your unit(s), collect rent, order services or repairs or to accept legal notices, please complete the information for each agent. If you do not have any of these agents, please leave blank.

Step 4: Authorization and Signature – Read the Authorization Statement, sign and date the application.

Step 5: Return your completed application to the Charleston City Collector at the following address:

Charleston City Collector
Attn: Residential Rental Unit Registration
915 Quarrier St., Suite 4
Charleston, WV 25301
**BUSINESS AND OCCUPATION TAX RETURN**

**CITY OF CHARLESTON**

P.O. Box 7786
CHARLESTON, WV 25356
Phone: (304)348-8024  Fax: (304)347-1810
Pay online at:  www.cityofcharleston.org

---

**THIS SECTION MUST BE COMPLETED**

ACCOUNT #:  

TAX QUARTER:  

BUSINESS NAME:  

ADDRESS:  

PHONE#:  

---

**COMPUTATION OF QUARTERLY TAX**

<table>
<thead>
<tr>
<th>CLASS</th>
<th>BUSINESS CLASSIFICATION</th>
<th>GROSS AMOUNT</th>
<th>RATE MULTIPLIED</th>
<th>TAX DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Value of Production of Natural Resources (1%)</td>
<td></td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Retailers (1/2 of one percent)</td>
<td></td>
<td>0.005</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Wholesalers (15/100 of one percent)</td>
<td></td>
<td>0.0015</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Electric Power Companies (4%)</td>
<td></td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Electric Power Companies (3%)</td>
<td></td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Natural Gas Companies (3%)</td>
<td></td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Water Companies (4%)</td>
<td></td>
<td>0.04</td>
<td></td>
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<tr>
<td>9</td>
<td>All Other Public Utilities (2%)</td>
<td></td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Contracting* (2%)</td>
<td></td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Amusement (1/2 of one percent)</td>
<td></td>
<td>0.005</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Service &amp; All Other Business (1%)</td>
<td></td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Rents &amp; Royalties (1%)</td>
<td></td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Banking &amp; Other Financial Institutions (1%)</td>
<td></td>
<td>0.01</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL TAX DUE**

*If you are reporting contracting income, you must complete worksheet A on back of form.

---

**PLEASE CHECK BOX IF ADDRESS HAS CHANGED.**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

A SERVICE FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

**SIGNATURE REQUIRED**

---

OFFICE USE ONLY

**TYPE OR PRINT NAME AND TITLE OF PREPARER**

PREPARER’S SIGNATURE AND DATE
INSTRUCTIONS

1. Determine your Business Classification(s) and corresponding rate(s) from the tax table.
2. Determine you Charleston B & O taxable gross income for each of the classifications and enter it in the appropriate box. (Contracting class instructions are listed below.)
3. Determine your taxes due by multiplying the rate by the taxable income. (example: $10,000 in gross taxable income times a service rate of 1.00% or .01 equals a B & O tax due of $100). Failure to complete this form in its entirety and/or enclose your remittance will result in your return being sent back to you.
4. Sign the return. THIS RETURN IS INVALID UNLESS IT IS SIGNED.
5. If your name and/or address printed on the form is incorrect, please mark through the incorrect information and write the correct information in the open space.
6. If your business or rental property has been closed or sold, please send a written statement detailing the status of the business, the date of the change, and requesting the account be closed or put on our inactive list.
7. If your return is received after the due date, you will be sent a letter for penalties and interest due.
8. Please make checks payable to: City of Charleston
9. Mail payments and/or correspondence to: City Collectors Office, P.O. Box 7786, Charleston, WV 25356
10. If you have any questions, please call us at (304) 348-8024 or via email at cityofcharleston.org.

Our office is open daily, Monday through Friday from 8:00 a.m. to 5:00 p.m., except holidays.

TO BE COMPLETED BY CONTRACTORS ONLY

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
<th>GROSS TAX AMOUNT</th>
<th>TAX RATE</th>
<th>TAX DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2%</td>
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</tbody>
</table>

TOTALS

CONTRACTING INSTRUCTIONS

1. Please complete one line for each project that you received payment (if additional lines are needed please attach an additional letter).
2. List the name of the project, the gross amount received and calculate the tax amount due.
3. Transfer the total tax amount due to the front of the return in the contracting (class code 10) tax due field.

Privacy Statement Act

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.

Revised 3/2014
CITY SERVICE FEE RETURN
CITY OF CHARLESTON, WV
P.O. Box 7786
CHARLESTON, WV 25356
Phone: (304)348-8024 Fax: (304)347-1810
www.cityofcharleston.org
Email: citycollector@cityofcharleston.org

THIS SECTION MUST BE COMPLETED

ACCOUNT #: ____________________ FEE QUARTER: ________________

Business Name: ____________________________________________________________

Mailing Address: ____________________________________________________________

CSF REMITTANCE FORM

Form CSF-2
(Rev. 10-2016)

See instructions on the reverse side of this form ▶

<table>
<thead>
<tr>
<th>Basis of Computation (choose one)</th>
<th>Weekly</th>
<th>Bi-Weekly</th>
<th>Semi-Monthly</th>
<th>Monthly</th>
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<tbody>
<tr>
<td></td>
<td>$2.50</td>
<td>$5.00</td>
<td>$5.41</td>
<td>$10.83</td>
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</table>

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Period or Week Ending Date</td>
<td>Number of Employees/Self-Employed in Charleston</td>
<td>Fee Due</td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
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</table>

Total Fee Due: ____________________

☐ PLEASE CHECK BOX IF ADDRESS HAS CHANGED.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

X

PREPARER'S SIGNATURE AND DATE

FOR OFFICE USE ONLY

SIGNATURE REQUIRED

A SERVICE FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.
CSF Instructions for Employer and Self-Employed Remittance Form

1. Complete, sign and date this return. **Failure to complete this form in its entirety and/or enclose your remittance will result in your return being returned to you.**

2. This return must be accompanied by the required remittance no later than the last day of the month succeeding the close of each calendar quarter.

3. Employers must use this form to remit amounts withheld from employees and amounts received from certain self-employed persons who are members or partners of the Employer. Self-employed persons who are not members or partners of an Employer must use this form to remit the amount of City Service Fee due.

4. This form must be completed based on the **Basis of Computation Method** chosen by the Employer and disclosed on the front of this return, as explained in the administrative regulations.

5. The dates entered in lines "a" through "m", Column A shall be the ending dates for each weekly, bi-weekly, semi-monthly, or monthly pay period, depending on the period used and elected by the Employer, throughout the entire reporting period.

6. Enter the total number of employees/self-employed in Charleston during the pay period or week in Column B lines "a" through "m".

7. Multiply the number of employees/self-employed listed in Column B lines "a" through "m" by the appropriate rate (depending upon the Basis of Computation withholding method chosen) and list the total $ amount in Column C lines "a" through "m".

8. Add the fee due amount in lines "a" through "m" Column C and enter the amount in the Total Fee Due line. This is the amount owed for the quarter.

9. **Sign the return. THIS RETURN IS INVALID UNLESS IT IS SIGNED.**

10. If your name and/or address printed on the form is incorrect, please mark through the incorrect information and write the correct information in the open space.

11. **Returns received after the due date will be assessed penalty and interest due. An invoice for penalty & interest will be mailed to you.**

12. Please make checks payable to: City of Charleston

13. Mail payments and/or correspondence to: City Collector’s Office, P.O. Box 7786, Charleston, WV 25356

14. For additional information, please refer to the City Service Fee Administrative Regulations available at www.cityofcharleston.org or call the Charleston City Collector’s Office at (304)348-8024.

Our office is open daily, Monday through Friday from 8:00 a.m. to 5:00 p.m., except holidays.

**Please note that only this remittance form will be accepted. Any change or modification to this form will also result in your return being returned to you.**

**Privacy Statement Act**

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.

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>PERIOD</th>
<th>DUE DATE</th>
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<tbody>
<tr>
<td>1st qtr.</td>
<td>January 1st - March 31st</td>
<td>April 30th</td>
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<tr>
<td>2nd qtr.</td>
<td>April 1st - June 30th</td>
<td>July 31st</td>
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<tr>
<td>3rd qtr.</td>
<td>July 1st - September 30th</td>
<td>October 31st</td>
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<tr>
<td>4th qtr.</td>
<td>October 1st - December 31st</td>
<td>January 31st</td>
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</table>

Revised 10/20/16