

**BUSINESS LICENSE APPLICATION**

**City of Charleston**  
**915 Quarrier St., Suite 4**  
**Charleston, WV 25301**  
**Phone: (304)348-8024**  
**www.charlestonwv.gov**



**STREET VENDING**  
**RENEWAL**  
**2020-2021**

Approval Code: \_\_\_\_\_  
Staff Associate Initial: \_\_\_\_\_  
License Fees: \_\_\_\_\_  
Penalty: \_\_\_\_\_  
TOTAL PAID: \_\_\_\_\_

**CITY OFFICIAL USE ONLY**

Name of Business: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please Note: This application is for the renewal of an existing license. If you are a new business or new owner of an existing business, you MUST complete the BUSINESS REGISTRATION APPLICATION.**

**Section I. License Category:**

**Street Vending** – Proof of current Liability Insurance in the aggregate sum of **\$500,000.00** with the City of Charleston listed as an additional insured must be submitted with the renewal application.

\_\_\_\_ 9. Street Vending –Motorized/Non-Motorized (\$20.00)

**Section II. Business Information:**

A. Name of Business: \_\_\_\_\_  
DBA: \_\_\_\_\_ Federal Employer ID/Social Security Number\*: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

B. Ownership Type: \_\_\_\_Sole Proprietorship \_\_\_\_Corporation \_\_\_\_Partnership \_\_\_\_Non-Profit \_\_\_\_Other

**\*\*\*Please attach list of all officers, directors, proprietors or any individual owning 25% or more of the business.\*\*\***

C. Name of individual preparing this application: \_\_\_\_\_ Title: \_\_\_\_\_

D. Phone number of preparer: \_\_\_\_\_ Email: \_\_\_\_\_

E. Description of your business: \_\_\_\_\_

F. **Does your business sell or serve prepared food?** Yes / No **If Yes, you Must attach your 2019-2020 Kanawha County Health Permit**

**\*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 Date Title

<p>RTS ACCOUNT # : _____</p> <p style="text-align: center;"><b>City Official Use Only</b></p>
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**Section IV. Property Inspection:** It is the responsibility of each renewal applicant to ascertain inspections and approval of the vending cart/truck from Building and Fire Departments. **Fire & Building Department Inspection Must be Obtained Annually.**

<b>**Do Not Submit Application Without the Required Signatures**</b>	
<b>TO BE COMPLETED BY: BUILDING DEPARTMENT</b>	<b>PHONE NUMBER: (304)348-6833</b>
Approved By: _____ Building Official	Date: _____
<b>TO BE COMPLETED BY: FIRE DEPARTMENT</b>	<b>PHONE NUMBER: (304)348-8058</b>
Approved By: _____ Fire Department Official	Date: _____

**Business License Renewal Application Instructions (Street Vending):**

1. Select the appropriate license(s) for your business in Section I. You **must** provide Proof of Liability Insurance in the aggregate sum of \$500,000 with the City of Charleston listed as an additional insured. Please be aware street vending is only permitted in designated areas. See street vendor rules and regulations and street vendor map on our website: [www.charlestonwv.gov](http://www.charlestonwv.gov) for details.
2. Complete Section II in its entirety. If your business intends to sell or serve prepared food, you **must** attach a copy of your 2019-2020 Kanawha County Health Permit.
3. Sign and date the application in Section III.
4. Obtain Building & Fire Department Approval.
5. Mail the completed application with your total payment to the address below on or before **June 30, 2019**. 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**