

915 Quarrier Street, Ste. 4 • Charleston, West Virginia 25330 • P: 304-348-8024 • F: 304-347-1810 www.charlestonwv.gov • Email: citycollector@cityofcharleston.org

CHANGE OF ADDRESS FORM

Section I. General Information:

Federal Employer ID/Social Se	ecurity Number*:		
	DBA:		
Contact Name:			
Contact Phone Number:	Contact M	Contact Mobile Number:	
Contact E-mail Address:			
Physical Address:			
City:	State:	Zip Code:	
City:	State:	Zip Code:	
Authorized Signature of Busin information furnished in this app	prication is true, complete and ac	reby certify and declare, under pecurate to the best of my knowled	penalty of perjury, that the lge.
Signature of Business Owner or	Authorized Agent	Date	Title
*Privacy Act Statement Disclosure of a Social Security Number (alternative identification number. The Ci Code. The City of Charleston will not dis	SSN) to the City of Charleston is volunta ty of Charleston solicits this information sclose your SSN or any other information	ary. If you do not wish to disclose your S pursuant to West Virginia Code § 8-13-1 n you provide to any other entity or party.	SN, you may provide an 3 and the Charleston City
*****Complete Sections		Physical Location in Ch	ıarleston****
Section II. Charleston, V			
Charleston Phone Number:			
Charleston Address:			
City:	State:	Zip Code:	-

RTS	ACCOUNT # :	
City Official Use Only		

Description of the business:	
Does this business own the property on which it is located?	Yes / No
If you circled no, who is the owner?	
Owner's address:	
Owner's phone #:	

Section III. Planning/Zoning & Property Certification:

It is the responsibility of each applicant upon an <u>initial</u> 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	Phone Number: (304)348-8105			
1. Was the business location previously occupied? 2. Is the proposed business a continuation of that previous type of business? 3. Has the applicant confirmed the zoning of this location? 4. Does this business conform to the current zoning code? 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?	YesNoYesNoYesNoYesNoYesNo			
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: Date:				
TO BE COMPLETED BY: FIRE DEPARTMENT PHONE NUMBER: (304)348-8058				
Approved By: Date: Fire Department Official				

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