Approval Code: ______ Staff Associate Initial: _____ License Fees: _____ Penalty: ____ TOTAL PAID: ____ CITY OFFICIAL USE ONLY

BUSINESS LICENSE APPLICATION

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

www.charlestonwv.gov





Naı	ame of Business:			
DB	BA:	Please Note: This application is for the renewal of an existing license. If you are a new business or new owner of an existing		
Att	tn:	business, you MUST complete the BUSINESS REGISTRATION		
Ма	ailing Address:	APPLICATION.		
City	ty:State:Zip:			
Se	ection I. License Category:			
Be	0. GENERAL BUSINESS (\$20.00)	uor - Must attach current 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)		
Se	ection II. Business Information:			
A.	Name of Business:			
DBA: Federal Employer ID/Social Security Number*:				
Mailing Address: City:		City:		
	State: Zip: Phone Number:			
B.	Ownership Type:Sole ProprietorshipCorporation	PartnershipNon-ProfitOther		
	Please attach list of all officers, directors, proprieto	ors 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.				
G.	. Does your business sell? Beer: Yes / No Liquor: Yes / No If Yes, you Must attach your ABCC License.			
H.	Does your business sell or serve prepared food? Yes / No If Yes, you Must attach your Kanawha County Health Permit.			
I.	Does your business conduct home solicitations or door-to-door sale	Yes / No If Yes, you Must post a \$3,000 surety bond for each sales representative.		
J.	Do you own rental property that is located in Charleston? Yes	/ No If yes, How many rental units do you own?		

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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.:	
SSN and The	ivacy Act Statement: Disclosure of a Social Security Number (SSN) to the City of Charles, you may provide an alternative identification number, The City of Charleston solicits this the Charleston City Code. The City of Charleston will not disclose your SSN or any other City of Charleston requests this information to facilitate the verification of withholding and settion III. Authorized Signature of Business: By signing below, I do jury, that the information furnished in this application is true, complete and	s information pursuant to West Virginia Code § 8- er information you provide to any other entity or d payment of service fees hereby certify and declare, under penalt	13-13 party.
Sig	nature of Business Owner or 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 require an additional license. If your business intends to sell beer or liquor, you **must** attach a copy of your WV ABCC License.
- 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 <u>June 30, 2021</u>. 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

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