

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

**CITY OFFICIAL USE ONLY**

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



**VENDOR LICENSE  
 RENEWAL  
 Calendar Year 2022**

**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/Itinerant Vendor:**

\_\_\_\_ 9. Street/Itinerant Vendor (\$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 current 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

**RTS ACCOUNT # :** \_\_\_\_\_

**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

**Section IV. Property Inspection:** It is the responsibility of each renewal applicant to ascertain inspections and approval of the vending cart/truck from the Fire Department. **Fire Department Inspection Must be Obtained Annually.**

**\*\*Do Not Submit Application Without the Required Signatures\*\***

**TO BE COMPLETED BY: FIRE DEPARTMENT**

**PHONE NUMBER: (304)348-8058**

Approved By: \_\_\_\_\_  
Fire Department Official

Date: \_\_\_\_\_

**Vendor License Renewal Application Instructions:**

1. Complete Section II in its entirety.
2. Sign and date the application in Section III.
3. Obtain Fire Department Approval.
4. If you are an Itinerant Vendor, a \$5,000 surety bond **must** be posted, and you must enter into a Hold Harmless Agreement with the City.
5. If your business desires to engage in street vending, you **must** obtain also a Street Vending Permit for calendar year 2022.
6. Sales of beer or liquor require an additional license. If your business intends to sell beer or liquor, please contact the City Collector's Office to discuss additional licensing requirements.
7. Mail the completed application with your total payment to the address below. 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**