

RTS ACCOUNT #: _____

B&O: Yes / No

CSF: Yes / No

BL: Yes / No

License Fees: _____

Penalty: _____

TOTAL PAID: _____

City Official Use Only

BUSINESS REGISTRATION

City of Charleston
915 Quarrier St., Suite 4
Charleston, WV 25301
Phone: (304)348-8024
Fax: (304)347-1810
www.charlestonwv.gov



IMPORTANT: This is a four-page application. All applicable questions must be answered in order to properly classify business activities. Incomplete forms will delay the processing of your application.

Section I. General Information:

1. Company Name: _____

2. DBA: _____

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

4. Physical Address of Business: _____

5. City: _____ 6. State: _____ 7. Zip Code: _____

8. Physical Location Phone Number: _____

9. Contact Name: _____ Contact Email: _____

10. Contact Phone Number: _____ Fax: _____ Mobile: _____

11. Mailing Address: _____

12. City: _____ 13. State: _____ 14. Zip Code: _____

15. Ownership Type:

_____ Proprietorship _____ Partnership _____ Corporation _____ Non-Profit _____ Other
(Include copy of 501(c)(3))

16. Description of Business: _____

17. Date Business Began Operation in Charleston: _____

18. Do you have an employee(s) working out of their home that is located within the city limits of Charleston? Yes / No

If you answered yes to question # 18, please provide a description of the employee(s) job duties including whether or not the job functions generate revenue for the business: _____

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19. Does this business own the property on which it is located? Yes / No

If not, who is the owner? _____

Owner's address _____

Owner's phone ## _____

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

*****If you answer **YES to Any** of the questions below **complete Pages 1 - 4** of this application*****
If you answer **NO to All** of the questions below only **complete Pages 1 & 2**

21. Do you have a physical location in Charleston? Yes / No

22. Is this a Home Based Business: Yes / No **Home Based Business-** A business that is operated out of a personal residence.

23. Do you own more than 1 rental unit in the City of Charleston? Yes / No If Yes, how many units: _____

Please attach a sheet listing all rental property that you own in the City of Charleston and indicate for each if the rental is for short term (less than 30 days) or long term.

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 # _____

***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

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Section II. Business License Category: (Only complete this section if you answered yes to Question #21, #22, or #23)

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 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 **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)

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)

Beer - Must attach valid WV ABCC License

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

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

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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 Write Inside This Box—For City Official Use Only*****

TO BE COMPLETED BY: ZONING/PLANNING DEPARTMENT

Phone Number: (304)348-8105

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: _____