

BUSINESS REGISTRATION

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



RTS ACCOUNT #: _____

B&O: Yes / No

CSF: Yes / No

BL: Yes / No

CLASS CODE(S): _____, _____, _____, _____

License Fees: _____

Penalty: _____

TOTAL PAID: _____

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

Section I. General Information:

1. Company Name: _____

2. DBA: _____

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

4. Contact Name: _____

5. Mailing Address: _____

6. City _____ 7. State _____ 8. Zip Code _____

8. Contact Phone Number: _____ 9. Contact Fax Number _____

9. Contact Mobile Number: _____ 10. E-mail Address: _____

11. Do you have a physical location in Charleston: Yes / No If you circled yes you **Must** complete **Section II** and **Section III** of this application.

12. Physical address of business _____

13. City _____ 14. State _____ 15. Zip Code _____

16. Local Phone Number: _____

17. Date of WV Incorporation if applicable _____

18. Date business began operation in Charleston _____

19. Does this business own the property on which it is located? _____

If not, who is the owner? _____

Owner's address _____

Owner's phone ### _____

RTS ACCOUNT # : _____

City Official Use Only

20. Do you sell at? _____Retail _____Wholesale _____Manufacturing

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

22. Description of business _____

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

If you own more than **1 rental unit** in **Charleston** you **Must** complete **Section II** of this application.

Please attach a sheet listing all rental property that you own in the City of Charleston.

24. Is this a Home Based Business: Yes / No **Home Based Business-** A business that is operated out of a personal residence; does not have a store front.

25. Ownership Type:

_____Proprietorship _____Partnership _____Corporation _____Non-Profit _____ Other
(Include copy of 501 (3) (c))

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 # _____

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

Section II. Business License Category: (Only complete this section if you answered yes to Question #11 or if you own more than 1 rental unit in Charleston)

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, or street vending activities require an additional license. If your business intends to sell beer or liquor, you **must** attach a copy of your WV ABCC License. If your business desires to engage in street vending in the downtown central business district, you **must** provide Proof of Liability Insurance in the aggregate sum of \$500,000, adding the City as an additional insured, and you **must** enter into a Hold Harmless Agreement with the City. Please be aware street vending is only permitted in designated areas. See street vendor rules and regulations and street vendor map for details.
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)**

Beer - Must attach valid WV ABCC License

- ___ 1. Distributor (\$250.00)
- ___ 2. Dispenser (\$100.00)
- ___ 3. Club (\$100.00)
- ___ 4. Class A Retail (\$100.00)
- ___ 5. Class B Retail (\$15.00)

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)

Street Vending – Must provide Proof of Liability Insurance and enter into a Hold Harmless Agreement with the City.

- ___ 9. Street Vending (\$20.00)
Designated Street Vending
Space _____

(to be completed by City staff in consultation with applicant)

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

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 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? 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: _____