



Finance Department

The City of Morgantown

389 Spruce Street
Morgantown, West Virginia 26505
(304) 284-7408 Fax: (304) 284-7418
www.morgantownwv.gov

\$ _____	B&O TAX# _____
NEW _____	
RENEWAL _____	
LICENSE # _____	
OFFICE USE ONLY	

MUNICIPAL BUSINESS LICENSE APPLICATION

_____ MUNICIPAL LICENSE FEE \$20.00 _____ NON-PROFIT ORGANIZATION FEE \$ 0.00

A copy of your WV State Business Registration Certificate and all other current State Licenses must be attached. If the state does not issue a Business Registration Certificate for your business type, please attach confirmation from the State Tax Department and a written explanation. A copy of your IRS Determination Letter must be attached for the fee to be exempt.

TYPE OF BUSINESS ENTITY:

_____ Sole Proprietor _____ Partnership _____ Corporation _____ Limited Liability Co.
_____ Other _____

BUSINESS CLASSIFICATIONS: (Check all that apply)

_____ Manufacturing _____ Retail _____ Restaurant _____ Wholesale _____ Rental
_____ Service _____ Utility _____ Banking or Other Financial Institution _____ Amusements
_____ Other (Describe) _____

BEER, WINE, & LIQUOR: (if applicable)

A copy of your current West Virginia ABCA License must be attached.

NON-INTOXICATING BEER

_____ Class A/Club, Tavern \$100.00
_____ Class B/Unchilled Only-Off Premises \$15.00
_____ Class B/Packaged Both-Off Premises \$100.00
_____ Distributor-Off Premises \$250.00

PRIVATE CLUB AND LIQUOR

_____ Fraternal-Non Profit \$375.00
_____ Under 1000 Members \$500.00
_____ Over 1000 Members \$1250.00
_____ Retail Liquor Sales-Class A \$1,000.00
_____ Retail Liquor Sales-Class B \$1,000.00

WINE

_____ Wine By The Glass \$250.00 _____ West Virginia Wine \$25.00
_____ Retail-Off Premises \$150.00

TOTAL FEES: \$ _____

LEGAL NAME: _____

DOING BUSINESS AS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

****IF PHYSICAL ADDRESS IS LOCATED WITHIN THE CITY BOUNDARIES THE LICENSING CHECKLIST MUST BE SUBMITTED.**

EMAIL ADDRESS: _____

BUSINESS PHONE: _____

SECONDARY PHONE: _____

FEDERAL IDENTIFICATION NUMBER: _____

DATE BUSINESS BEGAN IN CITY: _____

DESCRIBE THE BUSINESS ACTIVITY, THE TYPE OF PRODUCT SOLD, OR SERVICE OFFERED.

LIST NAMES OF ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS:

	NAME	TITLE	ADDRESS	PHONE	SOCIAL SECURITY
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Please read Completely

ALL CITY LICENSES ARE ISSUED FOR A FISCAL YEAR AND EXPIRE JUNE 30TH OF EACH YEAR. THE BUSINESS LICENSE MUST BE RENEWED ON OR BEFORE JULY 1 OF EACH YEAR. THE CITY LEVIES A BUSINESS AND OCCUPATION TAX ON ALL GROSS INCOME GENERATED FROM THE BUSINESS ACTIVITY. THE CITY IMPOSES A MUNICIPAL SERVICE FEE ON ALL EMPLOYEES AND SELF-EMPLOYED OWNERS WORKING WITHIN THE CITY LIMITS. APPROVAL OF THIS APPLICATION REQUIRES THAT ALL TAXES, FEES, OR FINES OWED TO THE CITY HAVE BEEN PAID.

****ALL NEW LICENSE APPLICATIONS FOR BUSINESSES WITH A PHYSICAL LOCATION WITHIN THE CITY LIMITS MUST ALSO INCLUDE THE LICENSING CHECKLIST FORM SIGNED BY THE FIRE, CODE AND PLANNING DEPARTMENTS. THESE APPLICATIONS MAY TAKE A MINIMUM OF 24 HOURS TO PROCESS.**

I certify this application to be true and accurate to the best of my knowledge.

SIGN: _____

DATE: _____

PRINT: _____

TITLE: _____



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389 SPRUCE STREET
MORGANTOWN, WEST VIRGINIA 26505
PHONE: (304) 284-7408 FAX: (304) 284-7418

FINANCE DEPARTMENT

**LICENSING CHECKLIST FOR ALL BUSINESSES
LOCATED WITHIN THE CITY BOUNDARIES**

This form must be signed by all departments and returned with the Municipal Business License Application, and all other necessary State Certificates, Licenses, and Permits before a license will be issued.

BUSINESS NAME _____

BUSINESS ADDRESS (PHYSICAL LOCATION) _____

*Check with The Planning Department to see if the area is properly zoned

Planning Department

Date

*Check with Code Enforcement to see if a certificate of occupancy or other permits are needed.

Code Enforcement

Date

*Check with the Fire Department to see if an inspection is needed.

Fire Department

Date