



FINANCE DEPARTMENT

The City of Morgantown

389 SPRUCE STREET
MORGANTOWN, WEST VIRGINIA 26505
(304) 284-7408

APPLICATION FOR BUSINESS LICENSE

FISCAL YEAR ENDING JUNE 30, _____

NOTICE: FORM MUST BE COMPLETED IN ITS ENTIRETY AND ALL COPIES OF STATE LICENSES AND CERTIFICATES MUST BE ATTACHED FOR ISSUANCE OF CITY LICENSE

MARK EACH BUSINESS TYPE FOR WHICH A LICENSE IS NEEDED WITH AN+A49 (x)

<input type="checkbox"/>	AUCTIONEER	\$37.00	<input type="checkbox"/>	BEER-NON INTOXICATING	
<input type="checkbox"/>	COLLECTION AGENCY	\$10.00	<input type="checkbox"/>	CLASS B / UNCHILLED ONLY	\$15.00
<input type="checkbox"/>	EMPLOYMENT AGENCY	\$100.00	<input type="checkbox"/>	CLASS B / PACKAGED BOTH	\$100.00
<input type="checkbox"/>	HOTEL/MOTEL	\$10.00	<input type="checkbox"/>	CLASS A / CLUB	\$100.00
<input type="checkbox"/>	INSURANCE	\$5.00	<input type="checkbox"/>	DISTRIBUTORS	\$250.00
<input type="checkbox"/>	JUNK DEALERS	\$25.00	<input type="checkbox"/>	PRIVATE CLUBS	
<input type="checkbox"/>	MOVIE THEATRE	\$100.00	<input type="checkbox"/>	A-FRATERNAL, NON-PROFIT	\$375.00
<input type="checkbox"/>	PAWN / MONEY BROKERS	\$100.00	<input type="checkbox"/>	B-MEMBERS LESS THAN 1000	\$500.00
<input type="checkbox"/>	PHOTOGRAPHER	\$10.00	<input type="checkbox"/>	C-1000 OR MORE MEMBERS	\$1,250.00
<input type="checkbox"/>	REAL ESTATE	\$10.00	<input type="checkbox"/>	WINE	
<input type="checkbox"/>	RESTAURANT	\$10.00	<input type="checkbox"/>	RETAIL	\$150.00
<input type="checkbox"/>	STOCK BROKERS	\$100.00	<input type="checkbox"/>	WINE BY THE GLASS	\$250.00
<input type="checkbox"/>	STORE- GENERAL	\$15.00	<input type="checkbox"/>	WEST VIRGINIA WINE	\$25.00
<input type="checkbox"/>	STORE- SPECIAL	\$5.00	<input type="checkbox"/>	BILLARD / POOL TABLES	
<input type="checkbox"/>	BOWLING ALLEY		<input type="checkbox"/>	FIRST TABLE	\$25.00
<input type="checkbox"/>	FIRST ALLEY	\$25.00	<input type="checkbox"/>	ADDITIONAL TABLES @ \$15.00 EA.	\$ _____
<input type="checkbox"/>	ADDITIONAL ALLEY @ \$15.00 EACH	\$ _____			\$ _____
<input type="checkbox"/>	OTHER (FOR USE BY FINANCE DEPARTMENT ONLY)				\$ _____

LICENSE AMOUNT \$ _____
PENALTY \$ _____
TOTAL DUE \$ _____

BUSINESS NAME AND PHYSICAL LOCATION	MAILING ADDRESS (if different)
Legal Business or Corporate Name	Business Name
dba Division, Subsidiary, etc.	Attention of:
Owner's Name if Proprietorship	Mailing Address
Physical Street Address	City, State, Zipcode
City, State, Zipcode	CONTACT INFORMATION
	Telephone: _____ Email: _____

DESCRIBE BUSINESS ACTIVITY: _____

DATE BUSINESS BEGAN IN CITY: _____ FEIN: _____

FORM OF BUSINESS: _____ Proprietorship (sole owner) _____ Corporation _____ Partnership
 _____ Limited Liability Company _____ Other: Specify _____

OWNER - PARTNERS - OFFICERS - MEMBERS (Attach additional sheet if necessary)			
NAME AND ADDRESS	TITLE	TELEPHONE / EMAIL	SOCIAL SECURITY NUMBER

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

Print Name _____ Title _____ Date _____

Signature _____