



MORGANTOWN
Finance Department

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Morgantownwv.gov
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Morgantown, WV, 26508
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\$ _____	B&O TAX# _____
NEW _____	
RENEWAL _____	
LICENSE # _____	
OFFICE USE ONLY	

MUNICIPAL BUSINESS LICENSE APPLICATION

____ MUNICIPAL LICENSE FEE \$20.00 ____ NON-PROFIT ORGANIZATION FEE \$ 20.00

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 business to be declared Non-Profit.

TYPE OF BUSINESS ENTITY:

____ Sole Proprietor ____ Partnership ____ Corporation ____ Limited Liability Co.

BUSINESS CLASSIFICATIONS: (Check all that apply)

____ Contracting: Type of Contractor _____ B&O to be paid: ____ Quarterly ____ By the Job

WV Contractor's License Number _____

____ 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 THE PHYSICAL ADDRESS IS LOCATED WITHIN THE CITY BOUNDARIES THE CERTIFICATE OF OCCUPANCY MUST BE INCLUDED WITH THE APPLICATION.****

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 A BUSINESS WITH A PHYSICAL LOCATION WITHIN THE CITY LIMITS MUST INCLUDE THE CERTIFICATE OF OCCUPANCY ISSUED BY THE CITY DEVELOPMENT SERVICES DEPARTMENT.****

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

SIGN: _____

DATE: _____

PRINT: _____

TITLE: _____