

Staff Associate Approval:

License Fees: _____

Penalty: _____

Total Due: _____

For Office Use Only

MUNICIPAL LICENSE APPLICATION

City of Charleston
915 Quarrier St. Suite 4
Charleston, WV 25301

2007-2008



Phone: (304)348-8024
www.citycharleston.org

Federal Employer ID/Social Security Number

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COMPANY NAME: _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE NUMBER: _____

THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF YOUR BEER/LIQUOR LICENSE AND HEALTH PERMIT.

Beer: (Prorated by Quarter) Must show valid WV License

- ___ 1. Distributor (\$250.00)
- ___ 2. Dispenser (\$100.00)
- ___ 3. Club (\$100.00)
- ___ 4. Cold Package Carry Out (\$100.00)
- ___ 5. Warm Package Carry Out (\$15.00)

Liquor: Must show valid WV License

- ___ 6. Less than 1000 members (\$500.00)
- ___ 7. More than 1000 members (\$1,250.00)
- ___ 8. Fraternal, Veterans or Non Profit Social Clubs (\$375.00)

Hawker and Peddler:

- ___ 11. On Foot (\$10.00)
- ___ 12. 1/2 Ton (\$15.00)
- ___ 13. 1 Ton (\$50.00)
- ___ 14. 2 Tons (\$100.00)
- ___ 15. Over 2 Tons (\$150.00)
- ___ 16. Each Additional Ton (\$100.00)

Vehicle License No. _____

Vending Machines:

- ___ 17. 1c Machines (\$2.00)
- ___ 18. %c Machines and Up (\$5.00)
- ___ 19. Decals _____ @ .50 each (\$.50)
- ___ 20. Pay Toilets, Each (\$.50)

Cab Stands:

- ___ 21. Areas _____

Note: If cigarettes, tobacco products or soft drinks are offered for sale on the premises or vending machines containing any of these items are located on the premises then a General Store License is required.

Miscellaneous:

- ___ 22. General Store (\$15.00) – **Prorated by Half Year**
- ___ 23. Special Store (\$5.00) – **Prorated by Half Year**
- ___ 24. Hotel & Restaurant (\$10.00)
- ___ 25. First Pool Table (\$25.00)
- ___ 26. Each Additional Pool Table _____ (\$15.00)
- ___ 27. Barbers or Beauticians (\$2.00) **Must complete form A-1**
- ___ 28. Barber/Beauty Shop (\$10.00) **Must complete form A-1**
- ___ 29. Barbers or Beautician College (\$100.00)
- ___ 30. Itinerant Vendor (\$15.00) **Must show valid WV License**
- ___ 31. Insurance Company or Agent (\$25.00)
- ___ 32. Employment Agency (\$100.00)
- ___ 33. Theatrical Performance Per Week (\$10.00)
- ___ 34. Theater (movies, etc.) Per Seat (\$.08)
- ___ 35. Theater (drive-ins) Per Space (\$.15)
- ___ 36. First Bowling Lane (\$25.00)
- ___ 37. Each Additional Bowling Lane _____ (\$15.00)
- ___ 38. Parking Lot (\$20.00) – **Prorated by Half Year**
- ___ 39. Special Sales From _____ to _____ (\$25.00)
- ___ 40. Home Solicitation (\$15.00) – **Bonding Requirements**
- ___ 41. Pawnbrokers (\$100.00)
- ___ 42. Auctioneer (\$50.00)
- ___ 43. Clairvoyancy (\$100.00) – **Must show valid WV License**
- ___ 44. Collection Agency (\$100.00)
- ___ 45. Junk Yard (\$25.00)
- ___ 46. Junk Dealer, Agent (\$10.00)
- ___ 47. Junk Dealer, Non-Resident (\$150.00)
- ___ 48. Trading Stamp Store (\$175.00)
- ___ 49. Used Auto Parts (\$10.00)
- ___ 51. Gun Permit (\$20.00)

A. Business name if different from trade name: _____

B. Physical address of business: _____

C. Local Business Phone #: _____

D. Date of West Virginia Incorporation, if applicable: _____

E. Date business began in Charleston: _____

F. Location of business records? _____

G. Please check at what level you sell: Retail _____ Wholesale _____ Manufacturing _____

H. Please check if you sell the following: Beer _____ Soft Drinks _____ Cigarettes _____ Liquor _____ Wine _____

I. Does your business contain vending machines? Yes _____ No _____

If so, who are the owners and their address? _____

- J. If you checked G or H do you sell for consumption on the premises? Yes _____ No _____
- K. Owner of the property on which business is located? _____
- L. Please give a description of your business: _____
- M. Ownership: Proprietorship _____ Partnership _____ Corporation _____ Other: _____

List all principal officers, proprietors, or any individual owning more than 25% of the business:

1. Name: _____ Social Security Number: _____
 Address: _____ Telephone Number: _____
2. Name: _____ Social Security Number: _____
 Address: _____ Telephone Number: _____
3. Name: _____ Social Security Number: _____
 Address: _____ Telephone Number: _____
4. Name: _____ Social Security Number: _____
 Address: _____ Telephone Number: _____

THIS APPLICATION MUST BE COMPLETED, SIGNED AND RETURNED WITH PAYMENT TO THE CITY COLLECTOR'S OFFICE BY JUNE 30, 2007. APPLICATIONS RECEIVED AFTER THIS DATE WILL BE SUBJECT TO PENALTIES.

Return To: City Collector's Office, 915 Quarrier St. Suite 4, Charleston WV 25301, (304)348-8024.

 Signature of Owner or Authorized Agent Title Date

The information below is for new businesses, existing businesses with a new owner, and/or a new location within the City of Charleston only:

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. The City of Charleston requests this information to facilitate the verification of withholding and payment of service fees.

It is the responsibility of each applicant upon initial application for a city license to first ascertain inspection and approval for occupancy of the premises from the Building, Fire, and Planning/Zoning Departments.

DO NOT WRITE BELOW THIS LINE

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: _____ Date: _____
 Planning Official

TO BE COMPLETED BY: BUILDING DEPARTMENT

PHONE NUMBER: (304)348-6833

Approved By: _____ Date: _____
 Building Official

TO BE COMPLETED BY: FIRE DEPARTMENT

PHONE NUMBER: (304)348-8058

Approved By: _____ Date: _____
 Fire Department Official