



CITY OF CHARLESTON, WV
OFFICE OF THE CITY COLLECTOR
915 Quarrier Street, Suite 4
Charleston, WV 25301
www.cityofcharleston.org

PHONE: (304)348-8024
FAX: (304)347-1810

BUSINESS APPLICATION FINANCE DEPARTMENT

Federal Employers ID Number _____

Social Security Number _____

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

1. Company Name: _____

2. DBA: _____

3. Contact Name: _____

4. Mailing Address: _____

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

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

10. Contact Mobile Number: _____ 11. E-mail Address: _____

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 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 ## _____

20. Do you sell at? _____ Retail _____ Wholesale _____ Manufacturing

Do you sell? _____ Soft Drinks _____ Cigarettes _____ Beer _____ Liquor

If you checked one of the above, do you sell for consumption on the premise? _____

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

22. Description of business _____

23. 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 # _____

 Signature of Owner or Authorized Agent Title Date

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.

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

******Do Not Write Inside This Box—For City Official Use Only******

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