



CITY OF HURRICANE, WEST VIRGINIA
Application for Business License Certificate
For Fiscal year July 1 to June 30 – renewable Each Fiscal year

TRADE NAME _____

ADDRESS OF BUSINESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ CELL # _____

DRIVERS LICENSE # _____ EMERGENCY # _____

COMPANY F.E.I.N. NO. _____

IMPORTANT: If you sell any merchandise or provide a service register for each business location. No person shall without a currently valid city license, engage in any business activity.

1. Type of business _____
2. Do you sell at: Wholesale () Retail () Both () Mfg. () Rental ()
3. Indicate whether () Corporation () Partnership () Individual Proprietorship
4. Full Name of Individual Owners, Partners or Officers

Name _____ Title _____ Phone _____
 Street or P.O. Box _____ City _____ State _____ Zip _____
 Name _____ Title _____ Phone _____
 Street or P.O. Box _____ City _____ State _____ Zip _____

If your business utilizes vending machines, indicate the number of machines and their location:

- () Beer Sales \$100 () Wine Sales \$150 () Video Games \$12.50 per machine
 () Liquor Sales - Class A \$500.00 () Liquor Sales – Class B \$500.00 () Pawn Brokers \$100
- _____

For fiscal year beginning July 1, _____

Signature _____ Title _____ Date _____

NOTE: ALL INFORMATION REQUESTED MUST BE GIVEN AND APPLICATION MUST BE SIGNED. DO NOT SEND CASH BY MAIL. ATTACH CHECK OR MONEY ORDER (\$15.00 FOR EACH PLACE OF BUSINESS) MADE PAYABLE TO THE CITY OF HURRICANE AND MAIL TO : RECORDER, CITY OF HURRICANE, P.O. BOX 1086, HURRICANE WV 25526.

Collected \$ _____
Date Collected _____

Collected By _____