



MUNICIPAL LICENSE APPLICATION
(FRONT AND BACK MUST BE COMPLETED IN ITS ENTIRETY)

CITY OF CLARKSBURG

222 WEST MAIN STREET • CLARKSBURG, WEST VIRGINIA 26301 • PH (304) 624-1650

Please Print or Type

FULL NAME OF BUSINESS _____

CORPORATION NAME _____
(If Different Than Business Name)

BUSINESS LOCAL ADDRESS _____
(Physical Location of Business - Do Not Use PO Box)

MAILING ADDRESS _____
(Where Mail Is To Be Sent)

BUSINESS PHONE # _____ OWNER'S HOME OR CORPORATE HEADQUARTERS PHONE # _____

Do you or will you own the structure where your business is conducted? _____ Yes _____ No

If no, give name, address and telephone number of owner _____

Total gross square footage within structure of business area owned or leased _____
(Gross Square Footage of Business Must Be Provided) State ID # _____
(ATTACH COPY)

Date Business Began or Will Begin in Clarksburg _____
(Give month and day of month)

Type of Business Entity: Individual _____ Partnership _____ Corporation _____ Other _____

If corporation, incorporated in what state _____ Date of Incorporation _____

List Names Below of all Owners, Partners, or Corporate Officers:

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>	<u>HOME TELEPHONE NO.</u>
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1. _____
2. _____
3. _____
4. _____

Give a brief description of the business activity you will conduct, the type of product sold or service offered, and the specific area/s within the City where the business activity will be conducted.

Do you sell at: Retail _____? Wholesale _____? Both _____?

Do you sell: Softdrinks _____? Cigarettes _____? Beer _____? Wine _____? Liquor _____?

Does your business contain vending machines?

If yes, how many? _____

Who is the owner of the vending machines _____ (Owner's Name)

Does the business activity for which you are requesting a license involve property which you rent to others? Yes _____ No _____

Do you own any other residential or commercial property within the City Limits which you rent to others? Yes _____ No _____

If yes, to either or both of the preceding questions, provide the information below:

OFFICIAL USE ONLY

Fiscal Year _____

License No. _____

New _____ Renewal _____

License Fee \$ _____

Date Issued _____

Zoning Approved _____

By _____

