



APPLICATION FOR CITY BUSINESS LICENSE

CITY OF LEWISBURG
942 Washington Street, W.
Lewisburg, West Virginia 24901
304-645-2080

Application is hereby made for license to conduct business in the City of Lewisburg for the year beginning July 1, _____.

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS CLASSIFICATIONS:

GENERAL BUSINESS LICENSE \$ 20.00

SERVING BEER, WINE & LIQUOR \$ 100.00

BEER, WINE, & LIQUOR

BEER DISTRIBUTOR \$ 250.00
WINE - RETAILER \$ 150.00
DISTRIBUTOR \$ 2,500.00
RETAIL LIQUOR \$ 1,000.00

BUSINESS CLASS (CHECK ALL THAT APPLY):

RETAIL RENTAL
 CONTRACTING PROFESSIONAL SERVICES
 HANDYMAN

PRIVATE CLUB:

NON-PROFIT FRATERNAL \$ 375.00
UNDER 1,000 MEMBERS \$ 500.00
OVER 1,000 MEMBERS \$ 1,250.00

ALL BUSINESSES MUST ATTACH A COPY OF:
WV ST TAX DEPT. BUSINESS REGISTRATION CERTIFICATE

CONTRACTORS MUST ATTACH COPY OF:
WEST VIRGINIA CONTRACTORS LICENSE
LIABILITY INSURANCE
WORKER'S COMPENSATION (IF THERE ARE EMPLOYEES)

COPY OF LIQUOR LICENSE IS REQUIRED

BUSINESS DATA: ALL BUSINESSES COMPLETE ALL BLANKS IN THIS SECTION

BUSINESS LOCATION:	
DATE YOU BEGAN BUSINESS IN THE CITY OF LEWISBURG:	
BUSINESS OWNER'S NAME:	SOCIAL SECURITY #:
OWNER'S HOME PHONE #:	OWNER'S CELL PHONE #:
BUSINESS TELEPHONE #:	FAX #:
BUSINESS FEDERAL ID # (IF APPLICABLE)	
CONTACT PERSON FOR TAX & LICENSE PURPOSES:	
PHONE # AND EXTENSIONS:	CONTACT E-MAIL:
IF THIS IS A NEW APPLICATION, HAVE YOU EVER BEEN REGISTERED WITH THE CITY? YES NO	IF YES, GIVE BUSINESS NAME & ADDRESS: REGISTERED WITH
GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITY OR LOCATION OF ACTIVITY:	
TYPE OF BUSINESS OWNERSHIP: (PLEASE ATTACH LIST CONTAINING NAME, HOME ADDRESS, SOCIAL SECURITY # AND HOME TELEPHONE OF ANY PARTNERS, MEMBERS OR OFFICERS)	
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (DESCRIBE)	
DO YOU OWN THE STRUCTURE WHERE YOUR BUSINESS IS LOCATED? YES NO LIST OWNER:	
SIGNATURE _____ TITLE _____ DATE _____	