

## Opportunity lives here.

SIGNATURE

## **Application for Municipal Registration Certificate**

Application is hereby made for license(s) to conduct the business, activity, trade or employment indicated below for the year beginning July 1, NOTICE: Your license will expire June 30th. Failure to secure new license on or before July 1 will cause \$50.00 penalty for each month or fractional part delinquent. **BUSINESS NAME:** PLEASE NOTE: IF YOUR LICENSE IS REVOKED FOR NON-PAYMENT OF TAXES, YOUR ACCOUNT WILL BE MAILING ADDRESS: **ASSESSED A MINIMUM PENALTY OF \$50.00** OFFICE USE ONLY **BUSINESS CLASSIFICATIONS** ☐ MUNICIPAL REGISTRATION CERTIFICATE \$ BEER, WINE, & LIQUOR (MUNICIPAL REGISTRATION 15.00 REQUIRED) BUSINESS CLASS (CHECK ALL THAT APPLY): ☐ BEER DISTRIBUTOR 250.00 HOME BASED □ RETAIL ☐ DISPENSER 100.00 □ SERVICE П WHOLESALE ☐ RETAILER/PACKAGE \$ 15.00 UTILITY **AMUSEMENT** ☐ WINE - RETAILER \$ 150.00 ☐ DISTRIBUTOR RENTAL BANKING \$ 2,500.00 CONTRACTING ☐ WINE TESTING 50.00 ☐ LIQUOR – RETAIL LIQUOR LICENSE \$ 1,000.00 ALL BUSINESSES MUST ATTACH A COPY OF **WEST VIRGINIA BUSINESS REGISTATION CERTIFICATE** PRIVATE CLUB (MUNICIPAL REGISTRATION REQUIRED): ☐ NON-PROFIT FRATERNAL 375.00 **CONTRACTORS MUST ATTACH COPY OF** ☐ UNDER 1,000 MEMBERS \$ 500.00 **WEST VIRGINIA CONTRACTORS LICENSE** □ OVER 1,000 MEMBERS \$ 1,250.00 BUSINESS DATA: ALL BUSINESSES COMPLETE ALL BLANKS IN THIS SECTION **BUSINESS LOCATION:** DATE YOU BEGAN BUSINESS IN THE CITY OF BRIDGEPORT: **BUSINESS OWNER'S NAME:** SOCIAL SECURITY #: OWNER'S CELL PHONE #: OWNER'S HOME PHONE #: **BUSINESS TELEPHONE #:** FAX #: BUSINESS FEDERAL ID # (IF APPLICABLE) CONTACT PERSON FOR TAX & LICENSE PURPOSES: CONTACT PHONE # AND EXTENSIONS: CONTACT E-MAIL: IF THIS IS A NEW APPLICATION, HAVE YOU EVER BEEN IF YES, GIVE BUSINESS NAME & ADDRESS: REGISTERED WITH THE CITY? □ YES ΠNO GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITY OR LOCATION OF ACTIVITY: TYPE OF BUSINESS OWNERSHIP: ☐ SOLE PROPRIETOR □ CORPORATION (PLEASE ATTACH LIST CONTAINING NAME, HOME ADDRESS, ☐ PARTNERSHIP ☐ OTHER (DESCRIBE) SOCIAL SECURITY # AND HOME TELEPHONE OF ANY PARTNERS, MEMBERS OR OFFICERS) DO YOU OWN THE STRUCTURE WHERE YOUR BUSINESS IS LOCATED? 

YES 

NO LIST OWNER: **CONTRACTORS ONLY** LIST LOCAL JOB ADDRESS(ES): **RENTAL ONLY** LIST BY STREET ADDRESS ALL RENTAL PROPERTIES IN THE CITY:

TITLE

DATE\_\_

LICENSE FEE \$