



CITY OF RONCEVERTE

P.O. Box 417
Ronceverte, West Virginia 24970
(304) 647-5455

APPLICATION FOR BUSINESS LICENSE

License No. _____

For the fiscal year beginning, July 1, 20____

Please complete and return this application along with proper remittance, PRIOR to July 1 or prior to commencement of business.

Date of application: _____

Business Name: _____

Owner's Name: _____

Business Location: _____

Telephone No.: _____

Mailing Address: _____

Please indicate by checking the appropriate item(s) the type(s) of business you transact; additionally, please note that each fixed place of business and each class of business requires a separate license and appropriate fees:

General - Stores that sell tobacco products, soft drinks, or contain coin operated devices owned or operated by the proprietor.

Special Store - Stores that sell any merchandise and do not sell tobacco products, soft drinks, and/or do not contain coin operated devices owned or operated by the proprietor.

Automobile: Sales Repairs Parts Number of Salespersons or agents: _____

Beauty or Barber Shop: Number of operators, barbers, beauticians or apprentices over and above one per shop: _____

Bowling Alleys, Pool, Billiard or Bagatelle Tables - Total number combined: _____

Vending Machines - List type and number of each, including total sum of coins required to operate each machine: _____

Laundromat Car Wash Other Coin Operated Business (specify type) _____

Collection Agency Trading stamps Weigh man or Auctioneer at Public Market

Commission Merchant Tobacco Dealer at Wholesale: Class A ; Class B ; Class C

Employment Agency Pest Control Outdoor Advertising

Pawnbroker Theater or Public show

Hawker or Peddler - Capacity of vehicle: ½ ton ; more than 1 ton but 2 tons or less ; more than 2 tons ; - (list capacity) _____ ; No vehicle

Itinerant Vendor Junk Dealer Junk dealer agent(s)- list number _____

Restaurant (total number of chairs or spaces where persons are fed: _____)

Hotel; Motel; Boarding house; (total number of rooms in hotel, motel or boarding house: _____)
Professionals: List number of salespersons, agents, assistants, partners, or subsidiary professional.

Accounting _____ Architecture _____ Landscape Architecture _____ Contracting _____

Dentistry _____ Electrical _____ Engineering _____ Funeral Home _____

Insurance _____ Legal _____ Medical _____ Photography _____

Plumbing _____ Real Estate _____ Auctioneering _____ Surveying _____

Private Detective _____ Security _____ Investigation _____ Veterinary _____

Other Profession please specify: _____

Alcoholic Beverages: