

**CITY OF SUMMERSVILLE
MUNICIPAL LICENSE APPLICATION
19 _____ - 20 _____**

New	
Renewal	

IMPORTANT: Since all Municipal License expire on June 30 of each year, it is imperative that all questions on this form be answered in order to properly classify your business activities and determine the proper license fees.

FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY WILL RESULT IN ITS RETURN TO YOU AND A POSSIBLE PENALTY FOR LATE FILING.

PENALTY: There shall be added to the amount of the license tax a penalty equal to five per cent of the amount of such license tax if the failure to pay the required license tax is for not more than a month, with an additional five per cent for each additional month or fraction thereof during which failure continues, such penalty not to exceed fifty per cent of the required license tax.

TRADE NAME: _____
ATTN. TO: _____
ADDRESS: _____
CITY: _____ STATE ____ ZIP CODE _____

FED. EMPLOYER IDENTIFICATION NUMBER									
SOCIAL SECURITY NUMBER									
INTERNAL NUMBER									

You must complete an application for each business location in Summersville.

A. Local Address of Business if different: _____
 B. WV ABCC No. _____ C. WV Bear No. _____ D. WV Wine No.: _____

NOTE: If cigarettes, tobacco products or soft drinks are offered for sale on the premise or vending machines containing any of these items are located on the premises then a GENERAL STORE LICENSE is required.

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| <p>BEER</p> <p>1. DISTRIBUTOR..... 250.00
 2. DISPENSER..... 100.00
 3. CLUB..... 100.00
 4. COLD PACKAGE CARRY OUT 100.00
 5. WARM PACKAGE CARRY OUT..... 15.00</p> <p>LIQUOR CLUBS:</p> <p>6. LESS THAN 1000 MEMBERS 500.00
 7. MORE THAN 1000 MEMBERS 1,250.00
 8. FRATERNAL, VETERANS OR NON-PROFIT SOCIAL CLUBS..... 375.00</p> <p>WINE:</p> <p>9. DISTRIBUTOR..... 2,500.00
 10. RETAILER 150.00
 10A. RESTAURANT 125.00</p> <p>HAWKER AND PEDDLER:</p> <p>11. ON FOOT..... 10.00
 12. ½ TON..... 15.00
 13. 1 TON 50.00
 14. 2 TONS 100.00
 15. OVER 2 TONS 150.00
 16. EACH ADDITIONAL TON 100.00
 VEHICLE LICENSE NO. _____</p> <p>VENDING MACHINES:</p> <p>17. 1¢ MACHINES 2.00
 18. 5¢ MACHINES EACH..... 5.00
 19. 10¢ MACHINES EACH 10.00
 20. OVER 10¢ MACHINES EACH..... 12.50</p> | <p>21. DECALS EACH50</p> <p>WASHING, CLEANING & DRY CLEANING DEVICES:</p> <p>22. TEN OR MORE MACHINES 30.00
 23. LESS THAN TEN MACHINES, EACH..... 3.00</p> <p>SERVICE BUSINESSES:</p> <p>24. ATTORNEYS 5.00
 25. PHYSICIANS, SURGEONS & PODIATRISTS (EVERY 2 YEARS)..... 50.00
 26. MEDICAL CORPORATIONS 300.00
 27. DENTISTS 20.00
 28. DENTAL CORPORATIONS 50.00
 29. EMBALMERS & FUNERAL DIRECTORS..... 10.00
 30. FUNERAL ESTABLISHMENT 25.00
 31. VETERINARIANS 5.00
 32. OSTEOPATHIC SURGEONS 10.00
 33. CHIROPRACTORS 25.00
 34. PHYSICAL THERAPISTS..... 35.00
 35. PSYCHOLOGISTS (EVERY 2 YRS.) 30.00
 36. REAL ESTATE SALESMEN 25.00
 37. REAL ESTATE BROKERS 50.00
 38. BARBERS OR BEAUTICIANS..... 10.00
 39. BARBERSHOP OR BEAUTY SHOP 10.00
 40. HOME SOLICITATION 15.00
 41. AUCTIONS..... 100.00
 42. NURSING HOMES, PER BED 4.00
 43. ARCHITECTS 25.00
 44. ENGINEERS 30.00
 45. PRIVATE DETECTIVES..... 50.00
 46. FORESTERS 5.00</p> | <p>47. LANDSCAPE ARCHITECTS 50.00
 48. HEARING AID DEALERS..... 40.00</p> <p>HOSPITALS:</p> <p>49. 5-49 BEDS..... 20.00
 50. 100-199 BEDS..... 40.00
 51. 200 OR MORE 50.00</p> <p>MISCELLANEOUS:</p> <p>52. GENERAL STORE 15.00
 53. SPECIAL STORE..... 5.00
 54. HOTEL..... 10.00
 55. RESTAURANT 10.00
 56. FIRST POOL TABLE 25.00
 57. EACH ADDITIONAL POOL TABLE..... 15.00
 58. ITINERANT VENDOR..... 500.00
 59. INSURANCE CO. OR ITS AGENT 25.00
 60. EMPLOYMENT AGENCY..... 100.00
 61. THEATER (MOVIES, ETC.) PER SEAT08
 62. COLLECTION AGENCY..... 100.00
 63. JUNK YARD..... 25.00
 64. JUNK DEALER, AGENT 10.00
 65. JUNK DEALER, NON-RESIDENT..... 150.00
 66. USED AUTO PARTS..... 10.00
 67. THEATER (DRIVE-INS) PER SPACE..... .16
 68. FIRST BOWLING ALLEY..... 25.00
 69. FIRST ADDITIONAL BOWLING ALLEY..... 15.00
 70. PARKING LOT..... 20.00
 71. PAWNBROKERS 100.00
 72. CLAIRVOYANCY 100.00
 73. TRADING STAMP STORE..... 175.00
 74. BUSINESS NOT SPECIFICALLY LISTED ABOVE..... 15.00</p> |
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* Prorated by Half Year ** Prorated by Quarter
 *** Must be accompanied by a valid West Virginia License upon initial application
 **** Bonding requirements in addition to license fees

Attach your remittance made payable to the 'City of Summersville' and mail to:

Office of Recorder
 P. O. Box 525
 Summersville, WV 26651



LICENSE	
VENDING MACHINE	
DECALS _____ @ 50¢ ea.	
FILING FEE	.50
PENALTY	
TOTAL DUE	

E. Business Name if different from Trade Name: _____

F. Telephone Number: Local _____ Home Office _____

G. Date of West Virginia Incorporation if applicable: _____

H. Date Business began in Summersville _____

I. Where are your records kept? _____

J. If a fiscal year is used, when does your accounting year end? _____

K. Do you sell at? (check if applicable) Retail _____ Wholesale _____ Manufacturing _____

L. Do you sell? (check if applicable) Soft Drinks _____ Cigarettes _____ Beer _____ Liquor _____ Wine _____

M. Does your business contain vending machines? If so, who is the owner and their address? _____

N. If you checked L or M, do you sell for consumption on the premise? _____

O. Does this business own the property on which it is located? _____ If not, who is the owner and their address? _____

P. Description of the business: _____

Q. **Zoning Information:** It shall be the responsibility of each applicant **UPON INITIAL APPLICATION** for a city license to first ascertain that the address at which he proposes to engage in or prosecute the business, activity, trade or employment is one at which such business, activity, trade or employment is permitted by the Zoning Ordinance and all other ordinances of the city.

1. Was business location previously occupied?..... _____

2. Is applicant a continuation of that previous type business? _____

3. Has applicant confirmed the zoning of this location? _____

4. Does this business conform to the current zoning codes? _____

5. If so, what is the current zoning code? _____

6. Has zoning approval been requested by this office? _____

7. Approved by: _____ Date approved: _____

R. **Ownership:** (check one) Proprietorship _____ Partnership _____ Corporation _____ Other _____

1. Name: _____ Social Security No.: _____

Address: _____ Telephone Number: _____

2. Name: _____ Social Security No.: _____

Address: _____ Telephone Number: _____

3. Name: _____ Social Security No.: _____

Address: _____ Telephone Number: _____

4. Name: _____ Social Security No.: _____

Address: _____ Telephone Number: _____

5. Name: _____ Social Security No.: _____

Address: _____ Telephone Number: _____

If you have any questions pertaining to this application, you may contact the Recorder's Office at the following number:
(304) 872-1211

Signature of Owner or Authorized Agent

Title

Date

OFFICE USE ONLY: BACCNO _____

BREF: _____