



Application for Municipal Registration Certificate

Opportunity lives here.

Application is hereby made for license(s) to conduct the business, activity, trade or employment indicated below for the year beginning July 1, _____.

BUSINESS NAME: _____

MAILING ADDRESS: _____

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.

PLEASE NOTE: IF YOUR LICENSE IS REVOKED FOR NON-PAYMENT OF TAXES, YOUR ACCOUNT WILL BE ASSESSED A MINIMUM PENALTY OF \$50.00

OFFICE USE ONLY

BUSINESS CLASSIFICATIONS

MUNICIPAL REGISTRATION CERTIFICATE \$ 15.00

BUSINESS CLASS (CHECK ALL THAT APPLY):

- HOME BASED
- WHOLESALE
- UTILITY
- RENTAL
- CONTRACTING
- RETAIL
- SERVICE
- AMUSEMENT
- BANKING

BEER, WINE, & LIQUOR (MUNICIPAL REGISTRATION REQUIRED)

- BEER DISTRIBUTOR \$ 250.00
- DISPENSER \$ 100.00
- RETAILER/PACKAGE \$ 15.00
- WINE - RETAILER \$ 150.00
- DISTRIBUTOR \$ 2,500.00
- WINE TESTING \$ 50.00
- LIQUOR - RETAIL LIQUOR LICENSE \$ 1,000.00

ALL BUSINESSES MUST ATTACH A COPY OF WEST VIRGINIA BUSINESS REGISTRATION CERTIFICATE

CONTRACTORS MUST ATTACH COPY OF WEST VIRGINIA CONTRACTORS LICENSE

PRIVATE CLUB (MUNICIPAL REGISTRATION REQUIRED):

- NON-PROFIT FRATERNAL \$ 375.00
- UNDER 1,000 MEMBERS \$ 500.00
- 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 HOME PHONE #: _____

OWNER'S CELL 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 REGISTERED WITH THE CITY? YES NO

IF YES, GIVE BUSINESS NAME & ADDRESS: _____

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)

- SOLE PROPRIETOR
- CORPORATION
- PARTNERSHIP
- OTHER (DESCRIBE)

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: _____

SIGNATURE _____ TITLE _____ DATE _____ LICENSE FEE \$ _____