

MUNICIPAL BUSINESS LICENSE APPLICATION
City of Mannington, West Virginia
City Clerk's Office
206 Main Street
Mannington, West Virginia 26582

For assistance, call (304) 986-2700 ext 177

Fax (304) 986-2125

Email: wvmgton@aol.com

Name and Mailing Address of Business:

Applicant's Name: _____ Fed I.D. or Soc Security Number _____

Physical Address of Business _____ Business Phone Number _____

Business Start Date: _____ Email: _____

Number of employees at this location: _____

Name of owner: _____

or partners: _____

General description of business functions: _____

Does the business sell:

1. Tobacco products or soft drinks _____ yes _____ no
Beer _____ yes _____ no
Liquor _____ yes _____ no

2. Is beer sold for consumption on the premises _____ yes _____ no

3. Are there vending machine(s) on the premises that are not owned by the business? _____ yes _____ no

4. If answer to #3 is yes, list owner information:

Name: _____

Address: _____

5. Does the business own the property on which it is located? _____ yes _____ no

If you answered no, list the owner, their address & amount of rent charged per month:

_____ Monthly rental amount: _____

Additional Business Information:

Does your business contain Video Lottery Terminals:

YES NO If YES, how many? _____

If Home Occupation, will customers come to your home:

YES NO

Do you sell (check all that apply.):

Beer Wine Liquor

Does your business contain vending machines?

YES NO If YES, how many? _____

Does your business contain pool tables?

YES NO If YES, how many? _____

LIQUOR, BEER AND WINE LICENSE APPLICANTS

<p>WV Beer License No. _____ WV ABC License No. _____ WV Wine License No. _____</p>

THE APPLICANT AND/OR BUSINESS HAS READ AND UNDERSTANDS ALL THE INFORMATION PROVIDED IN THIS APPLICATION AND CERTIFIES, SWEARS, AND ATTESTS THAT ALL THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE OR BELIEF.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

TITLE

DATE

REMIT THIS ORIGINAL APPLICATION AND PAYMENT TO THE ADDRESS ON THE TOP FRONT OF THIS FORM. PLEASE MAKE COPIES FOR YOUR RECORDS.

OFFICE USE ONLY

1. What is the current zoning district? _____

2. Does this business conform to the current zoning? _____

APPROVED BY: _____

Building Inspector

Date Approved

Dear License Applicant:

It is imperative that all questions on this form be answered in order to properly classify your business activities and determine the proper license fee. You must provide a copy of your State of West Virginia issued license. Incomplete forms will delay processing of your application. An application must be completed for each business located in the corporate limits of Mannington. All municipal licenses expire on June 30th of each year.

It is the responsibility of each applicant upon initial application for a city license to first ascertain that the address at which the proposed business, activity, trade or employment is permitted by the Mannington Zoning Ordinances and all other ordinances of the City of Mannington. Zoning information is available at city hall or on the city's website at www.cityofmannington.com.

If you have any questions, feel free to call me at 304-986-2700 ext 177.

Michele Fluharty
City Clerk & Recorder