

VILLAGE OF BARBOURSVILLE  
P.O. BOX 266  
BARBOURSVILLE, WV 25504  
304-736-9820

LICENSE FEE \$5.00  
PENALTY \$500.00

Visit our website at [www.barboursville.org](http://www.barboursville.org)

**APPLICATION FOR BUSINESS LICENSE 2009-2010**

The applicant declares that a business exists and hereby requests a license.  
The following information is requested for a business license.

**ALL QUESTIONS MUST BE ANSWERED**

Please print or type

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_  
Street City State & Zip

Business Phone # ( ) Federal ID # \_\_\_\_\_

Contact: \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Owner \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Full Name of Owner; Partners; or Corporate Title)

Mailing Address \_\_\_\_\_  
(Complete only if different than Business Location)

Business Tax Dept. Phone # ( ) Social Security # \_\_\_\_\_

Exact Date Business Started (IN BARBOURSVILLE) \_\_\_\_\_

FORM OF BUSINESS \_\_\_\_\_ Individual \_\_\_\_\_ Partnership\* \_\_\_\_\_ Trust  
\_\_\_\_\_ Corporation \_\_\_\_\_ Association \_\_\_\_\_ Joint Venture

\*If Partnership, Furnish Names and Addresses of All Partners on Reverse Side

Furnish DETAILED description of nature of business: (Be Specific) \_\_\_\_\_

Did you purchase your business? \_\_\_\_\_ NO \_\_\_\_\_ YES\*\*

\*\*IF "YES", GIVE PREVIOUS OWNER'S TRADE NAME, INDIVIDUAL'S NAME & ADDRESS ON REVERSE SIDE OF THIS APPLICATION

I DECLARE UNDER PENALTY OF PERJURY THAT TO MY KNOWLEDGE, ALL INFORMATION  
IN THIS STATEMENT IS TRUE AND CORRECT.

APPLICANT'S SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

BUSINESS # \_\_\_\_\_

RECEIPT # \_\_\_\_\_