

THE TOWN OF ROMNEY
340 E. MAIN STREET
Romney WV 26757

Telephone: 304-822-5118 Fax: 304-822-5793

APPLICATION FOR BUSINESS LICENSE

1. Identification Number _____ State License No. _____
FEIN: _____ Social Security _____ - _____ - _____
2. Actual physical location of Business _____ 3. Mailing Address _____
Business Name _____ Business Name _____
Street Address _____ Street Address or PO Box _____
City State Zip Code _____ City State Zip Code _____
Telephone No. _____ Telephone No. _____
4. E-mail Address: _____ Date Business Began: _____
5. Description of Business: _____
- 5b. Square Footage of Building where Business is located _____
(This applies to in city businesses only)
6. Do you have an annual gross income of \$4,000 or more within the City? _____
7. Are you EXEMPT from this license requirement? _____

**** Please include a copy of the West Virginia State License for each licensed employee****
**** Contractors must provide a copy of their West Virginia Contractor's License ****

If you have questions concerning license fees call 304-822-5118. A copy of the Business License Ordinance is available upon request.

Under penalties of perjury, I declare that I have examined this application for business license, and to the best of my knowledge and belief, it is true and correct.

Signature Title Date

FOR OFFICE USE ONLY.....

ISSUED BY _____ DATE ISSUED: _____ LICENSE NUMBER: _____