

BUSINESS LICENSE APPLICATION

Corporation of Shepherdstown
Post Office Box 248
104 North King Street
Shepherdstown, West Virginia 25443
Phone: 304-876-2312
Fax: 304-876-1473

Application is hereby made, by the undersigned, for a Business License under the provisions of the Corporation of Shepherdstown License Fee Ordinance for the fiscal year beginning July 1,

_____ as follows:

TYPE OF OWNERSHIP: Individual Partnership Corporation Cooperative
(check one) Other (please specify) _____

NAME OF BUSINESS: _____

BUSINESS STREET ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

OWNER'S NAME(S): _____

OWNER'S MAILING ADDRESS: _____

OWNER'S PHONE NUMBER: _____

If a corporation or a cooperative please attach a list of principal officers and their addresses.

W. V. STATE BUSINESS LICENSE NUMBER: _____

(A copy of all licensing must accompany this application or a City Business License will not be issued.)

HEALTH PERMIT NUMBER (if applicable): _____

CHARACTER OF BUSINESS: _____

Is this a new business in the Corporation of Shepherdstown? Yes No

TOTAL FEES DUE FROM ATTACHED RATE SHEET: _____

ADDITIONAL FEES:	Retail Beer License	\$150.00	_____
	Retail Wine License	\$ 75.00	_____
	Wholesale Wine License	\$150.00	_____
	Club License (Fraternal or Non-Profit)	\$375.00	_____
	Private Club License (Less than 1,000 Members)	\$500.00	_____

All licenses shall pay a \$1.00 recording fee. \$ +1.00

TOTAL FEES SUBMITTED WITH THIS APPLICATION\$ _____

Applicant's Signature Date

Date Paid _____ Received By _____