

**BUSINESS APPLICATION**

Federal Employers ID Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

**IMPORTANT:** All applicable questions must be answered in order to properly classify business activities. Incomplete forms will delay processing of your application.

1. Company Name: \_\_\_\_\_

2. DBA: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip Code: \_\_\_\_\_

8. Contact Phone Number: \_\_\_\_\_ 9. Contact Fax Number: \_\_\_\_\_

10. Contact Mobile Number: \_\_\_\_\_ 11. Email Address: \_\_\_\_\_

12. Physical Address of Business: \_\_\_\_\_

13. City: \_\_\_\_\_ 14. State: \_\_\_\_\_ 15. Zip Code: \_\_\_\_\_

16. Local Phone Number: \_\_\_\_\_

17. Date of WV Incorporation (if applicable): \_\_\_\_\_

18. Date Business Began in Dunbar: \_\_\_\_\_

19. Does this business own the property on which it is located? \_\_\_\_\_

If not, who is the owner?

Owner's Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

20. Do you sell at? \_\_\_\_\_ Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Manufacturing

Do you sell? \_\_\_\_\_ Soft Drinks \_\_\_\_\_ Cigarettes \_\_\_\_\_ Beer \_\_\_\_\_ Liquor

If you checked one of the above, do you sell for consumption on the premise? \_\_\_\_\_

21. Does your business contain vending machines? \_\_\_\_\_ If so, who is the owner and their address? \_\_\_\_\_

22. Description of business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For completion by the Building Inspector or the Planning Department, City Hall Building.

23. Zoning Information

- A. Was business location previously occupied? \_\_\_\_\_
- B. Is applicant a continuation of that previous type of business? \_\_\_\_\_
- C. Has applicant confirmed the zoning of this location? \_\_\_\_\_
- D. Does this business conform to the current zoning codes? \_\_\_\_\_
- E. If so, what is the current zoning code? \_\_\_\_\_
- F. Has zoning approval been requested by this office? \_\_\_\_\_
- G. Approved by: \_\_\_\_\_ Date: \_\_\_\_\_
- H. Secretary of State registered: \_\_\_\_\_
- I. Valid WV License (Liquor or Beer) \_\_\_\_\_
- J. Current with taxes, B&O, Worker's Comp? \_\_\_\_\_

24. Ownership Type

- \_\_\_\_\_ Proprietorship
- \_\_\_\_\_ Partnership
- \_\_\_\_\_ Corporation
- \_\_\_\_\_ Non-Profit (Include copy of 501 (3)(c))
- \_\_\_\_\_ Other

List all principle officers, proprietors, partners or any individual owning more than 25% of the business:

- Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
- Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
- Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
- Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date