



Application for Municipal Registration Certificate

Opportunity lives here.

Application is hereby made for license(s) to conduct the business, activity, trade or employment indicated below for the year beginning July 1, _____.

<p>NOTICE: Your license will expire June 30th. Failure to secure new license on or before July 1 will cause \$50.00 penalty for each month or fractional part delinquent.</p>
<p>OFFICE USE ONLY</p>
<p># _____</p>

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS CLASSIFICATIONS

MUNICIPAL REGISTRATION CERTIFICATE \$ 15.00

- BUSINESS CLASS (CHECK ALL THAT APPLY):
- HOME BASED
 - WHOLESALE
 - UTILITY
 - RENTAL
 - CONTRACTING
 - RETAIL
 - SERVICE
 - AMUSEMENT
 - BANKING

BEER, WINE, & LIQUOR (MUNICIPAL REGISTRATION REQUIRED)

- BEER DISTRIBUTOR \$ 250.00
- DISPENSER \$ 100.00
- RETAILER/PACKAGE \$ 15.00
- WINE - RETAILER \$ 150.00
- DISTRIBUTOR \$ 2,500.00
- WINE TESTING \$ 50.00
- LIQUOR - RETAIL LIQUOR LICENSE \$ 1,000.00

ALL BUSINESSES MUST ATTACH A COPY OF WEST VIRGINIA BUSINESS REGISTRATION CERTIFICATE

CONTRACTORS MUST ATTACH COPY OF WEST VIRGINIA CONTRACTORS LICENSE

PRIVATE CLUB (MUNICIPAL REGISTRATION REQUIRED):

- NON-PROFIT FRATERNAL \$ 375.00
- UNDER 1,000 MEMBERS \$ 500.00
- OVER 1,000 MEMBERS \$ 1,250.00

BUSINESS DATA: ALL BUSINESSES COMPLETE ALL BLANKS IN THIS SECTION	
BUSINESS LOCATION: _____	
DATE YOU BEGAN BUSINESS IN THE CITY OF BRIDGEPORT: _____	
BUSINESS OWNER'S NAME: _____	SOCIAL SECURITY #: _____
OWNER'S HOME PHONE #: _____	OWNER'S CELL PHONE #: _____
BUSINESS TELEPHONE #: _____	FAX #: _____
BUSINESS FEDERAL ID # (IF APPLICABLE) _____	
CONTACT PERSON FOR TAX & LICENSE PURPOSES: _____	
CONTACT PHONE # AND EXTENSIONS: _____	CONTACT E-MAIL: _____
IF THIS IS A NEW APPLICATION, HAVE YOU EVER BEEN REGISTERED WITH THE CITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE BUSINESS NAME & ADDRESS: _____
GIVE A BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITY OR LOCATION OF ACTIVITY: _____	
TYPE OF BUSINESS OWNERSHIP: (PLEASE ATTACH LIST CONTAINING NAME, HOME ADDRESS, SOCIAL SECURITY # AND HOME TELEPHONE OF ANY PARTNERS, MEMBERS OR OFFICERS)	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (DESCRIBE)
DO YOU OWN THE STRUCTURE WHERE YOUR BUSINESS IS LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LIST OWNER: _____	
CONTRACTORS ONLY	
LIST LOCAL JOB ADDRESS(ES): _____	
RENTAL ONLY	
LIST BY STREET ADDRESS ALL RENTAL PROPERTIES IN THE CITY: _____	

SIGNATURE _____ TITLE _____ DATE _____ LICENSE FEE \$ _____