

City of Philippi
Business License Application
 For the Period July 1, 20__ to June 30, 20__

CHECK EACH BUSINESS TYPE OPERATED WITHIN THE CORPORATE LIMITS OF PHILIPPI FOR WHICH A LICENSE IS REQUIRED.

<input type="checkbox"/> Alcohol: Beer (Package-cold) \$ 100.00 _____ Beer (Package-warm) \$ 15.00 _____ Wine \$ 150.00 _____ Club \$ 150.00 _____ Retail Dispensary \$ 100.00 _____ Distributor \$ 250.00 _____ <input type="checkbox"/> Billiard or Pool: First Table \$ 25.00 _____ Each Additional Table # _____ \$ 15.00 _____ <input type="checkbox"/> Bowling Alley: First Lane \$ 25.00 _____ Each Additional Lane # _____ \$ 15.00 _____ <input type="checkbox"/> Collection Agency \$ 100.00 _____ <input type="checkbox"/> Employment Agency \$ 200.00 _____ Fortune Teller \$ 200.00 _____ <input type="checkbox"/> Hawker & Peddler: Without Vehicle \$ 10.00 _____ With Vehicle: Less than 1/2 Ton \$ 15.00 _____ 1/2 - 1 Ton \$ 50.00 _____ 1 - 2 Ton \$ 100.00 _____ <input type="checkbox"/> Junk: Agent \$ 10.00 _____ Resident Dealer \$ 25.00 _____ Non-Resident Dealer \$ 150.00 _____ <input type="checkbox"/> Small Loan \$ 100.00 _____ <input type="checkbox"/> Pawn Broker \$ 100.00 _____ <input type="checkbox"/> Pinball Machines \$ 12.50 _____ <input type="checkbox"/> Store: Special (NO cigarettes, tobacco, soft drinks or coin-operated devices) \$ 5.00 _____ General (including cigarettes, tobacco, soft drinks or coin-operated devices) \$ 15.00 _____ <input type="checkbox"/> Theater & Public Show \$ 20.00 _____ <input type="checkbox"/> Fairs & Carnivals: Show Concessions (per week) # _____ \$ 5.00 _____ Riding Devices (per week) # _____ \$ 10.00 _____ Direct Sale Concessions \$ 5.00 _____ Other Concessions (per week) # _____ \$ 10.00 _____ <input type="checkbox"/> Laundromat/Car Wash 1-5 Devices \$ 15.00 _____ 6-9 Devices each # _____ \$ 3.00 _____ 10 or More Devices \$ 30.00 _____	<input type="checkbox"/> Merchandise or Service Devices: Less Than 20: _____ More Than 20: _____ 5c Device \$ 5.00 _____ 5c Device \$ 100.00 _____ 10c Device \$ 10.00 _____ 10c Device \$ 150.00 _____ Over 10c \$ 12.50 _____ Over 10c \$ 250.00 _____ <input type="checkbox"/> Amusement or Music Devices: Less Than 20: _____ More Than 20: _____ 5c Device \$ 5.00 _____ 5c Device \$ 150.00 _____ 10c Device \$ 10.00 _____ 10c Device \$ 225.00 _____ Over 10c \$ 12.50 _____ Over 10c \$ 300.00 _____ <input type="checkbox"/> Trades, Professions or Occupations: Attorneys \$ 5.00 _____ Auctioneers \$ 15.00 _____ Barbers, Beauticians, Manicurists \$ 25.00 _____ Chiropractors \$ 25.00 _____ Dentists \$ 20.00 _____ Embalmers \$ 15.00 _____ Engineers \$ 30.00 _____ Funeral Directors \$ 15.00 _____ Land Surveyors \$ 20.00 _____ Insurance Brokers \$ 10.00 _____ Nursing Home Administrators \$ 50.00 _____ Physical Therapists \$ 35.00 _____ Osteopathic Physicians & Surgeons \$ 10.00 _____ Physicians, Surgeons, Podiatrists \$ 25.00 _____ Practical Nurses \$ 5.00 _____ Radiological Technicians \$ 10.00 _____ Registered Professional Nurses \$ 5.00 _____ Real Estate Broker \$ 50.00 _____ Real Estate Salespersons \$ 25.00 _____ Veterinarians \$ 5.00 _____ <input type="checkbox"/> Funeral Establishment \$ 75.00 _____ <input type="checkbox"/> Medical Corporation \$ 300.00 _____ <input type="checkbox"/> Hospitals: 5-49 Beds \$ 20.00 _____ 50-99 Beds \$ 30.00 _____ 100-199 Beds \$ 40.00 _____ <input type="checkbox"/> Nursing Homes: Per Patient Bed # _____ \$ 4.00 _____ <input type="checkbox"/> Personal Care Home: Per Bed # _____ \$ 2.00 _____ <input type="checkbox"/> Dental Corporation \$ 50.00 _____ <input type="checkbox"/> Other: _____ \$ _____
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Name of Business: _____ **Federal Employer's ID Number:** _____ **WV Business Registration Number:** _____

Physical Address: _____ **Mailing Address:** _____ **Phone Number:** _____

Owner's or Corporate Officer's Name: _____ **SSN:** _____

Type of Business Entity:	<input type="checkbox"/> Sole Owner (Proprietor) <input type="checkbox"/> Partnership SSN: _____ Name: _____ SSN: _____ Name: _____ SSN: _____ Name: _____ SSN: _____ Name: _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Treated as a Corporation <input type="checkbox"/> Treated as a Partnership -- (complete partner's information to left)
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I hereby apply of a City License to conduct business(es) as indicated above within the Corporate Limits of Philippi.

Date: _____ Signature: _____