City of Bluefield Business License Application

New business yes no		City Clerk 200 Rogers Street
Account number:		Bluefield, WV 24701
		Phone: (304) 327-2401 ext 2407
Legal business or corporate name:		Fax: (304) 325-6494
DBA division, subsidiary or trade name:		
Mailing address:		
Physical address (if in Bluefield, WV): _		
Description of your business activity:		
Date business began or will begin in Blu	ıefield:	NAICS Code:
Office contact name:		
Contact phone:	Contact email	l:
Business website:		
Will your business sell alcoholic beveraş	ges? No Yes	·
Are you an itinerant vendor or door to do	oor peddler? No _	Yes
Type of business ownership:		(sole owner, partner, LLC etc.)
FEIN (tax identification number):		
Business ownership: (owner, partners, n	nembers, officers-at	tach separate sheet if necessary)
Name	Address	Telephone
Have you ever been licensed to conduct	business in Bluefiel	d betore? No Yes
If yes, please list the businesses name: _		

The following documents must be attached b	efore your license application can be processed:		
 WV Business Registration Certificate (from th WV Contractor License (if applicable) WV Alcoholic Beverage Control Administration 	•		
IRS 501(c) exemption letter if non-profit and non-taxable (if applicable)			
Mercer County Health Permit (if applicable)			
Mark the type of license(s) to be purchased:			
	ccept those listed below)		
Insurance Company (those exempt by State Private Club			
	\$500.00		
More than 1,000 members. \$1,250.00			
Fraternal, Veterans or Nonprofit Social Club. \$375.00			
Alcoholic Beverage Sales: Non-Intoxicating Beer			
<u> </u>	acth on and off promises) \$150.00		
Retail sales (consumption both on and off premises)			
	\$1,500.00		
Wine	outh an and off manipulation (\$150.00)		
	both on and off premises) \$150.00		
	\$250.00		
Liquor Retail sales (WV Class A or	B license)		
Total amount remitted with license application:			
for a license to operate a business within the City of and that filing this application does not mean that that this application is subject to review by the Zon that these officials may contact me for further infor- only be issued by the City Clerk upon the complete			
Title:	Date:		
THE	Dutc.		
Telephone:	Email:		