

City of Parkersburg Business License Application

Date of Business Opening: _____ Today's Date: _____

Full Business Name: _____

Business Location: _____

Business Phone: _____ Business Email: _____

Business Mailing Address for Billing: _____

Form of Business: (Circle One) Non-Profit Sole Proprietorship Corp Partnership LLC/PLLC

Type of Business: (Retail, Service, Contracting, etc.) _____

Business Owner Name: _____ Business Owner Phone #: _____

Property Owner Name: _____ Property Owner Phone #: _____

Name of business occupying property prior to your business: _____

Did your business move from another location? _____

Prior Location: _____

Are you a new owner of an existing business keeping the same name and location? _____

Are you renting space within your location? _____ Selling Alcohol? _____ Have Vending Machines? _____ Pool tables? _____

Describe: _____

The undersigned is hereby applying for a zoning permit and business license for the address above based on the information provided within this application. The applicant certifies that all the information is true and correct.

Individual Completing Form: _____

Authorized Signature: _____

Title: _____ Preferred Method of Contact: _____

Email Address: _____ Phone Number: _____

*****FOR OFFICE USE ONLY*****

Building Description: (# of Stories, Basement, Etc.) _____

Type of Construction per NFPA/State Fire Code: _____

Zoning: _____ Map#: _____ Parcel#: _____

Number of Signs: _____ Size of Signs: _____

Number of Parking Spaces: _____

Business License Code Case#: _____

State Certificate of Registration Received: _____ WVABCA Required/Received: _____

List Inspections Required: _____

Total Zoning Fees: _____ Total Business License Fee: _____ Total Payment Due: _____