

E. Business Name if different from Trade Name: _____

F. Telephone Number: Local _____ Home Office _____

G. Date of West Virginia Incorporation if applicable: _____

H. Date Business began in Summersville _____

I. Where are your records kept? _____

J. If a fiscal year is used, when does your accounting year end? _____

K. Do you sell at? (check if applicable) Retail _____ Wholesale _____ Manufacturing _____

L. Do you sell? (check if applicable) Soft Drinks _____ Cigarettes _____ Beer _____ Liquor _____ Wine _____

M. Does your business contain vending machines? If so, who is the owner and their address? _____

N. If you checked L or M, do you sell for consumption on the premise? _____

O. Does this business own the property on which it is located? _____ If not, who is the owner and their address? _____

P. Description of the business: _____

Q. Zoning Information: It shall be the responsibility of each applicant UPON INITIAL APPLICATION for a city license to first ascertain that the address at which he proposes to engage in or prosecute the business, activity, trade or employment is one at which such business, activity, trade or employment is permitted by the Zoning Ordinance and all other ordinances of the city.

1. Was business location previously occupied? _____
2. Is applicant a continuation of that previous type business?..... _____
3. Has applicant confirmed the zoning of this location?..... _____
4. Does this business conform to the current zoning codes? _____
5. If so, what is the current zoning code? _____
6. Has zoning approval been requested by this office? _____
7. Approved by: _____ Date approved: _____

R. Ownership: (check one) Proprietorship _____ Partnership _____ Corporation _____ Other _____

1. Name: _____	Social Security No.: _____
Address: _____	Telephone Number: _____

2. Name: _____	Social Security No.: _____
Address: _____	Telephone Number: _____

3. Name: _____	Social Security No.: _____
Address: _____	Telephone Number: _____

4. Name: _____	Social Security No.: _____
Address: _____	Telephone Number: _____

5. Name: _____	Social Security No.: _____
Address: _____	Telephone Number: _____

If you have any questions pertaining to this application, you may contact the Recorder's Office at the following number:
 (304) 872-1211

Signature of Owner or Authorized Agent _____ Title _____ Date _____

OFFICE USE ONLY: BACCNO _____ BREF: _____