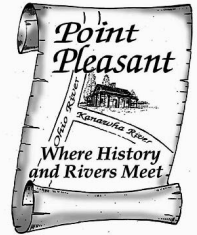


**City of Point Pleasant**  
**400 Viand Street**  
**Point Pleasant, West Virginia 25550**

**Phone**  
**304 675-2360**  
**Fax**  
**304 674-8005**



**Application for Business License**

<b>Form # COPP-BUSINESS-2005.9.01</b>		<b>FEE \$20.50</b>		You will be notified of the fee when your business has been classified		<b>Date</b>		
<p>The Applicant hereby declares that business will be conducted in the City of Point Pleasant and requests a license therefore. This information is necessary in order to properly classify your business and determine the applicable license fee. A separate application is required for each business location within the City.</p>								
<b>Applicant Personal Information</b>								
<b>NAME</b>								
<b>Address 1</b>								
<b>Address 2</b>								
<b>City, State, Zip</b>								
<b>Phone</b>		Home			Day Time			
<b>Business Information</b>								
<b>Business NAME</b>								
<b>Address 1</b>								
<b>Address 2</b>								
<b>City, State, Zip</b>								
<b>Phone</b>					FAX			
<b>FEIN No.</b>					<b>SS No.</b>			
<b>Form of Business</b>		<b>Individual</b>		<b>Partnership</b>		<b>Trust</b>		
		<b>Corporation</b>		<b>Association</b>		<b>Joint Venture</b>		
Partnership?		<b>Provide Names and addresses of all Partners as an attachment.</b>						
<b>Did you purchase business?</b>		No		Yes		<b>From Whom?</b>		
<b>Exact Date Business Began</b>						<b>Name</b>		
						<b>Address</b>		
<b>Attach a DETAILED description of the nature of the business: Be Specific!</b>								
<b>Will Vendors be operating on your premises?</b>				NO		YES		
				Attach list of all Vendors, address and phone				
<b>Do you sell soft drinks?</b>		YES		NO		<b>Do you own or operate coin devices?</b>		
						YES		
<b>Ice Cream?</b>		YES		NO				
<b>I certify that the above information is true and correct</b>		Signature				Date		
<b>For The City of Point Pleasant Use Only</b>								
<b>Received By</b>		<b>Print</b>		<b>Signature</b>		<b>Title</b>		
						<b>Date</b>		
<b>Approved</b>		<b>Denied</b>		<b>DATE</b>		<b>B&amp;O Number</b>		
<b>Print</b>		<b>Brian L. Billings</b>		Signature		<b>City Clerk</b>		
<b>Print</b>		<b>Marilyn L. McDaniel</b>		Signature		<b>Mayor</b>		
Reasons, Comments, Remarks and Conditions are recorded on the reverse side of this form.								