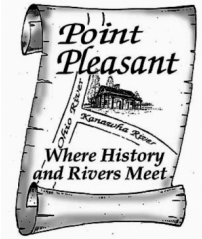


City of Point Pleasant
400 Viand Street
Point Pleasant, West Virginia 25550

Phone
304 675-2360
Fax
304 674-8005



Application for Contractor's License

Form # COPP-CONTRACTOR-2005.9.01		FEE \$20.50		Include with application		Date		
The Applicant hereby declares that business will be conducted in the City of Point Pleasant and requests a license therefore.								
Applicant Personal Information								
NAME								
Address 1								
Address 2								
City, State, Zip								
Phone		Home		Day Time				
Contractor Business Information								
Business NAME								
Address 1								
Address 2								
City, State, Zip								
Phone				FAX				
FEIN or SS No.				State Contractor License #				
Form of Business		Individual		Partnership		Trust		
		Corporation		Association		Joint Venture		
Partnership?		Provide Names and addresses of all Partners as an attachment.						
Did you purchase business?		No	Yes	From Whom?		Name Address		
Exact Date Business Began								
Attach a DETAILED description of the nature of the business: Be Specific!								
Attach copies of current WV State Contractor's License Insurance and Worker's Compensation Certificates								
I certify that the above information is true and correct		Signature				Date		
For The City of Point Pleasant Use Only								
Received By	Print		Signature			Title	Date	
Approved		DATE		Denied			DATE	
Approved By		Print			Signature			Title
License Number					B&O Number			
Reasons, Comments, Remarks and Conditions are recorded on the reverse side of this form.								