

City of Weston
Business License Application
(Please Type or Print)

Full Name of Business: _____

Corporation Name or Owner's Name: _____

Physical Location of Business: _____

Mailing Address of Business (if different): _____

Business Phone Number: _____ Corp. Headquarters/Home Phone: _____

Nature of business, goods to be sold, or services solicited (be specific): _____

West Virginia Registration ID number (must attach a copy of your certificate): _____

Date business will begin in the City of Weston: _____

Retail: Wholesale: Both: Not applicable: (this is a service business)

Do you sell: Beer Wine Liquor (if yes please attach WV ABCC License)

Does your business contain vending machines? Yes No

Does your business contain pool tables? Yes No If yes how many? _____

If yes to either of the last two (2) questions who is the owner(s) _____

Applicant and/or business has read and understands all the information provided in this application and certifies, swears and attests that all the information provided within this application is true and correct to the best of his/her knowledge or belief.

Signature Title Date

Approved by: _____ Title: _____

Approved for the period of _____ thru _____

Amount Paid \$ _____ Check/Cash: _____ License # _____