

BUSINESS REGISTRATION APPLICATION

TOWN OF STAR CITY

Please Apply For All Types Of Registration Needed On This Form

I hereby apply for a business registration to conduct the types of business marked below in the Town of Star City for the Fiscal Year **July 1 to June 30**

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Attorney | \$25.00 | <input type="checkbox"/> Manufacturing | \$25.00 |
| <input type="checkbox"/> Auctioneer | \$25.00 | <input type="checkbox"/> Wholesale | \$25.00 |
| <input type="checkbox"/> Barber/Beautician/Manicurist | \$25.00 | <input type="checkbox"/> Bank or Other Financial Institution | \$25.00 |
| <input type="checkbox"/> Hotel/Motel | \$25.00 | <input type="checkbox"/> Amusements | \$25.00 |
| <input type="checkbox"/> Insurance Company | \$25.00 | <input type="checkbox"/> Dentist/Orthodontist | \$25.00 |
| <input type="checkbox"/> Physician/Surgeon/Podiatrist | \$25.00 | <input type="checkbox"/> Engineering/Architecture | \$25.00 |
| <input type="checkbox"/> Restaurant | \$25.00 | <input type="checkbox"/> Handyman Contractor | \$50.00 |
| <input type="checkbox"/> Store (establishment that sells goods) | \$25.00 | <input type="checkbox"/> Other | \$25.00 |
| <input type="checkbox"/> Veterinarian | \$25.00 | Please Specify: _____ | |

Beer (non-intoxicating)

- | | |
|--|----------|
| <input type="checkbox"/> Class A/Class B | \$100.00 |
| <input type="checkbox"/> Distributor | \$250.00 |

Wine

- | | |
|--|------------|
| <input type="checkbox"/> Distributor (Wholesale) | \$2,500.00 |
| <input type="checkbox"/> Retailer (Grocer) | \$150.00 |

Liquor

- | | |
|---|----------|
| <input type="checkbox"/> Fraternal Non-Profit | \$375.00 |
|---|----------|

Private Club

- | | |
|---|------------|
| <input type="checkbox"/> Less than 1000 members | \$500.00 |
| <input type="checkbox"/> More than 1000 members | \$1,250.00 |

Other

- | | |
|-------------------------------------|---------|
| <input type="checkbox"/> Other | \$25.00 |
| Please Specify: _____ | |
| <input type="checkbox"/> Non-Profit | \$0.00 |

Applicants for **BEER LICENSES** must have questionnaire including signature and acknowledgement, along with a state beer license to be presented to the business office at the time of application.

*****ALL BUSINESSES MUST PROVIDE A COPY OF THEIR CURRENT WV STATE BUSINESS LICENSE*****

Failure to secure a new license before July 1st will make you liable to punishment for operating without a license.

Failure to apply for a license after July 1st will make you liable to punishment **PLUS** a penalty of ten percent (10%) of the annual fee for each month, or fraction thereof, delinquent.

Business Name: _____

Phone Number : _____

Business Address: _____

Mailing Address (if different): _____

Email Address for Renewal and Tax Reminders: _____

List Names of All Owners, Partners or Corporate Officers:

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>
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1) _____

2) _____

3) _____

4) _____

5) _____

Contact Name (Print): _____

Signature: _____

Registration Amount: _____

Penalty: _____

Total Due:

\$ _____