



**THE CITY OF ROMNEY**

340 E. MAIN STREET

Romney WV 26757

Telephone: 304-822-5118 Fax: 304-822-5793

**APPLICATION FOR BUSINESS LICENSE**

1. Identification Number State License No. \_\_\_\_\_  
FEIN: \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Actual physical location of Business 3. Mailing Address

\_\_\_\_\_ Business Name \_\_\_\_\_ Business Name

\_\_\_\_\_ Street Address \_\_\_\_\_ Street Address or PO Box

City State Zip Code City State Zip Code

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

4. Description of Business: \_\_\_\_\_

4b Square Footage of Building where Business is Located \_\_\_\_\_  
(This applies to in city businesses only)

5. Date Business Began: \_\_\_\_\_

6. Do you have an annual gross income of \$4,000 or more within the City? \_\_\_\_\_

7. Are you EXEMPT from this license requirement? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

**\*\* Please include a copy of the West Virginia State License for each licensed employee\*\***

**\*\* Contractors—must provide a copy of their West Virginia Contractor’s License \*\***

**See attached list of fees, if you have questions concerning license fees, please call 304-822-5118.  
A copy of Business License Ordinance is available upon request.**

Under penalties of perjury, I declare that I have examined this application for business license, and to the best of my knowledge and belief, it is true and correct.

\_\_\_\_\_  
Signature Title Date

\*\*\*\*\*  
FOR OFFICE USE ONLY.....

ISSUED BY \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_