



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: _____