

\$15.⁰⁰

APPLICATION FOR LICENSE

TOWN OF BUFFALO

P.O. BOX 307

Buffalo, West Virginia 25033

{due on or before July 1}

OFFICE OF THE TOWN RECORDER

(304) 937-2041

OFFICE USE ONLY

FISCAL YEAR _____

NEW RENEWAL

IMPORTANT: NO PERSON, BUSINESS OR FIRM SHALL ENGAGE IN ANY BUSINESS ACTIVITY WITHOUT A VALID CITY LICENSE. A SEPARATE LICENSE IS REQUIRED FOR EACH BUSINESS LOCATION. THE LICENSE IS TO BE POSTED IN A CONSPICUOUS PLACE. FAILURE TO ANSWER ANY OF THE QUESTIONS MAY DELAY YOUR LICENSE AND CAUSE A PENALTY. MAKE CHECKS PAYABLE TO: TOWN OF BUFFALO

BUSINESS NAME _____ PHONE _____

PHYSICAL LOCATION OF BUSINESS _____

BUSINESS MAILING ADDRESS _____

NATURE OF BUSINESS _____

DATE BUSINESS STARTED _____ NUMBER OF LOCATIONS _____

FEDERAL ID NUMBER _____

NAME OF OWNER _____ PHONE _____

MAILING ADDRESS OF OWNER _____

OWNER'S SOCIAL SECURITY # _____

PREVIOUS OWNER _____

FORM OF BUSINESS (CHECK ONE) :

PROPRIETORSHIP CORPORATION PARTNERSHIP OTHER _____

DO YOU SELL AT? (CHECK ALL THAT APPLY) : WHOLESALE RETAIL RENTAL

WILL YOU BE SELLING? (CHECK ALL THAT APPLY) :

CIGARETTES SOFT DRINKS BEER WINE LIQUOR

DO YOU HAVE AN ALCOHOLIC BEVERAGE CONTROL LICENSE? YES NO

IF "YES" ENTER THE LICENSE NUMBER HERE: _____

IF ALCOHOLIC BEVERAGES ARE SOLD, WILL THEY BE SOLD FOR CONSUMPTION ON THE PREMISES? YES NO

IF YOUR BUSINESS(ES) WILL CONTAIN VENDING MACHINES OR ANY TYPE OF COIN-OPERATED DEVICES, GIVE THE NAME AND ADDRESS OF THE OWNER OF EACH MACHINE (Use reverse side if necessary):

"I HEREBY CERTIFY THAT THE INFORMATION ON THIS LICENSE APPLICATION IS TRUE , CORRECT AND COMPLETE."

SIGNATURE _____ TITLE _____ DATE _____

TYPE OR PRINT NAME OF PERSON WHOSE SIGNATURE APPEARS ABOVE: _____