

**City of Salem
Business License Application**

BUSINESS OWNERS CONTACT INFORMATION

Note: To obtain a Municipal Business License, you must register with the State Tax Department, and provide proof of registration by sending a copy of your certificate of registration with your application for the municipal license. If you need to still register you can register at www.businessswn.com/bswupublic.

New Registration: Renew Registration: Account #:

Owners Name:

Owners Mailing Address:

City:	State:	ZIP Code:
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Phone:	Cell:	E-mail:
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Date of Birth: SS#: N/A – PLEASE LEAVE BLANK		
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Driver's License #:		
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BUSINESS INFORMATION

Name of Person Signing Application:

Company Name:

Company's Mailing Address:

City:	State:	Zip Code:
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Company's Physical Address:		
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City:	State:	Zip code:
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How long at current address?

Telephone:	Fax:	E-mail:
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Do you own or rent the structure where your business is conducted?

Federal ID #:	State ID #:
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Date Business Commenced:

Sole proprietorship:	Sole proprietorship:	Sole proprietorship:	Sole proprietorship:
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If Corporation, incorporated in what state:		Date of Incorporation:
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Date Business Began or Will Begin in Salem:

Name of Accountant:

Accountant's Address:		
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City:	State:	Zip Code:
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NAMES OF ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS

Name:

Address:

City:	State:	Zip code:
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Phone:	Fax:	E-mail:
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Name:

Address:

City:	State:	Zip code:
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Phone:	Fax:	E-mail:
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Name:

Address:

City:	State:	Zip code:
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Phone:	Fax:	E-mail:
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GENERAL BUSINESS LICENSE

Do you sell at retail:	Wholesale:	Both:
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Do you sell?	Soft drinks:	Cigarettes:	Beer:	Wine:	Liquor:
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Does your business have vending machines?		If yes, how many?
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Owner of vending machines:

Do you own any other residential or commercial property within the city limits which you rent to others?

GENERAL LICENSE (CONT.)

Give a brief description of the business activity you will be conducting, the type of products sold or services offered, and the specific area within the city where the business activity will be conducted.

RENTAL LICENSE

List the address of the rented property below, specifying whether it is commercial or residential rental property. Please list the tenant's name if now occupied, and the anticipated amount of monthly rental income from property. (Attach separate if necessary).

Tenant's Name:

Address:

City:	State:	Zip Code:
Residential:	Commercial:	Rental Income:

Tenant's Name:

Address:

City:	State:	Zip Code
Residential:	Commercial:	Rental Income:

Tenant's Name:

Address:

City:	State:	Zip Code
Residential:	Commercial:	Rental Income:

Tenant's Name:

Address:

City:	State:	Zip Code:
Residential:	Commercial:	Rental Income:

Tenant's Name:

Address:

City:	State:	Zip Code:
Residential:	Commercial:	Rental Income:

1. Any person engaging in the business of furnishing any real or tangible personal property for rent, lease, or loan shall be required to apply for and obtain a City of Salem Business License. The City of Salem rental license will be issued upon receipt of this completed and signed application. The license term will expire on June 30th. Our office will mail you a license renewal form each year and you will be required to sign the form and return it to our office by June 30th of each year.
2. Once licensed, you will receive a Business and Occupational Tax Form in the 3rd week of the last month of filing period. The amount of Business and Occupation due is based on .67 cents per hundred of your total income received from all rental properties. If you receive no income from your rental property, you still must file your tax return and show gross income as "0".
3. If in the future you sell your rental property, it is necessary that you notify our office, in writing, and of the date your business ceased. It is also necessary that you file a "Final" B&O tax return as of the date you sold the property.
4. If you have questions please call the City Clerk at 304-782-1318 extension 30.

CONTRACTOR LICENSE		
WV Contractor License #:	Do you have general liability insurance? _____	(If yes, attach a copy of certificate)
Cost Of Job: \$ _____		
Name of Insurance Agency: _____		
Limits of Coverage: _____		
Types of work being performed within the city limits? _____ _____ _____ _____		
<p>1. The following must be attached to this application.</p> <ul style="list-style-type: none"> a. A copy of your West Virginia contractor's license b. A copy of your State of West Virginia Business Registration Certificate c. A copy of your proof of insurance certificate <p>2. A building permit must be obtained for all work done within the city limits.</p> <p>3. A building permit will not be issued to any contractor or any individual employing a contractor who does not have both a state and city license.</p>		
HANDYMAN'S CONTRACTORS LICENSE		
Types of work being performed within the city limits? _____ _____ _____ _____		
<p>1. The total contract amount received for each job performed in the City limits of Salem during my license term, which will expire June 30, <u>may exceed the amount of \$1000.00.</u> _____ Yes _____ No</p> <p>2. If "NO"... You would <u>not be required to obtain a State of West Virginia Contractor's License.</u> An affidavit, stating this non-requirement to obtain the State Contractor's License, must be signed and attached to this application. This office upon request will provide the affidavit form.</p> <p>3. If "Yes" You would <u>be required to obtain a State of West Virginia Contractor's License,</u> then apply for a regular municipal contractor's license.</p> <p>4. By completing and signing this application for a Handyman's Contractor License, I certify and attest that:</p> <ul style="list-style-type: none"> a. The total gross amount received for work done in the City Limits of Salem, during my license term, which expires June 30, will be less than 5,000.00. b. City of Salem business and occupation tax forms will be mailed each quarter to the mailing address listed above. The total gross amount received for work done in the City limits of Salem will be reported on the tax form. c. My license will expire June 30. An annual license renewal form will not be mailed to me for a Handyman's License. It is my responsibility to renew the license by completing a new application each year. d. A City Building Permit will be obtained, if required, for all work I perform in the City Limits. 		
NOTES PERTAINING TO ALL OF CITY OF SALEM BUSINESS LICENSES		

1. Please Mail to: City of Salem, Attn: Kayla Nicholas PO Box 352, Salem, WV 26426
2. License will expire June 30 of each year
3. To obtain a Municipal Business License, you must register with the State Tax Department, and provide proof of registration by sending a copy of your State of WV Business certificate of registration with your application for the municipal license. If you need to still register you can register at www.business4wv.com/b4wvpublic.
4. No license can or will be issued until all Business and Occupational taxes due and owed the City for the most recent quarterly period have been paid.

RATES FOR BUSINESS LICENSE

PLEASE NOTE THAT THIS LIST IS NOT REPRESENTATIVE OF ALL LICENSES AND FEES CHARGED BY THE CITY OF SALEM. PLEASE LIST ALL LICENSES AND FEES THAT ARE APPLICABLE TO YOU AND YOUR CIRCUMSTANCES. IF YOU SHOULD HAVE FURTHER QUESTIONS PLEASE CONTACT CITY HALL AND SPEAK WITH CITY CLERK, KAYLA NICHOLAS AT (304)782-1318 EXTENTION 30.

CONTRACTOR.....\$50	HANDYMAN CONTRACTOR.....\$5
CONTRACTOR RENEWAL.....\$20	HANDYMAN CONTRACTOR RENEWAL.....\$5
CONTRACTOR LATE FEE.....\$15	
BARBERS, BEAUTICIANS, MANICURISTS.....\$25	HEATH CARE CORPORATIONS.....\$15
BUSINESS SELLING ALCOHOL - CLASS A.....\$100	INSURANCE BROKER.....\$20
BUSINESS SELLING ALCOHOL - CLASS B\$ 5	INSURER.....\$50
BUSINESS SELLING LIQUOR - CLASS A.....\$1500	LANDSCAPE ARCHITECTS.....\$15
BUSINESS SELLING LIQUOR - CLASS B.....\$500	NURSING/REHABILITAION.....\$2 per bed
FUNERAL ESTABLISHMENTS.....\$75	PERSONAL CARE HOMES.....\$1 per bed
GASOLINE RETAILERS\$1	PHARMACISTS.....\$10
GASOLINE WHOLESALERS.....\$5	RENTAL PROPERTY.....\$5
GENERAL BUSINESS.....\$5	RENTAL RENEWAL.....\$5
GENERAL BUSINESS RENEWAL.....\$5	REAL ESTATE BROKER.....\$25
HAWKER PEDDLER.....\$5	REAL ESTATE AGENT.....\$10
HAWKER PEDDLER RENEWAL.....\$5	STORES.....\$5

Please indicate below which licenses you will be needing

1. \$
2. \$
3. \$
4. \$

Total:

PLEASE SIGN BELOW

The applicant hereby certifies that the information provided as part of this application is true, accurate and correct to the best of his/her knowledge and agrees to comply with all provisions of the City of Salem's Ordinances.

Print Name Here:	Title:
Signature:	Date: