

**APPLICATION FOR LICENSE TO DO BUSINESS IN THE CITY OF KENOVA**

The undersigned hereby applies for a license to conduct business in the City of Kenova, and states that the following facts are true and correct:

- 1. Name of person completing this application: \_\_\_\_\_
- 2. Legal name of business (include d/b/a): (If corporation, attach copy of Article of Incorporation to application) \_\_\_\_\_
- 3. Year business was started: \_\_\_\_\_ Employer Identification (FEIN) Number: \_\_\_\_\_
- 4. Mailing address of business: \_\_\_\_\_
- 5. Physical location of business: \_\_\_\_\_
- 6. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_
- 7. Nature of business (:List brief description) \_\_\_\_\_
- 9. What is your accounting year? \_\_\_\_\_
- 10. If nonprofit, do you have a 501 (c) exemption for IRS?  Yes  No If yes, attach a copy of the letter.
- 11. Specify type of business ownership:
 

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other - Specify
<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Association	
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Limited Liability Partnership	

**Partners, Members, Officers &/or Owners Information**

Name	Home Address	Social Security #	Home Phone

- 12. Residence of applicant during past five years (if individual): \_\_\_\_\_
- 13. Location where business records are kept: \_\_\_\_\_
- 14. Does business own the property on which it is located?  Yes  No If not, list the name and address of property owner: \_\_\_\_\_
- 15. Estimated annual gross income for this location  \$0-\$20,000  Over \$20,000

The undersigned makes the above statements to induce the City of Kenova to issue the license herein applied for, and agrees to comply with all laws and ordinances of the City applicable to the subject matter thereof.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(If applicant is a corporation, state office held

License issued for period: \_\_\_\_\_ to \_\_\_\_\_ Tax rate is \_\_\_\_\_ per \$100.00.

**LICENSE NUMBER:**