



For office use only

TOWN OF DANVILLE, WEST VIRGINIA  
MUNICIPAL LICENSE APPLICATION

New	
Renewal	

**IMPORTANT:** Since all Municipal licenses expire on June 30 of each year, it is imperative that all questions on this form be answered to properly classify your business activities and determine the proper license fees. Failure to complete this application in its entirety will result in its RETURN TO YOU AND POSSIBLE PENALTY FOR LATE FILING.

**PENALTY:** There shall be added to the amount of the license fee a penalty equal to five percent (5%) of the amount of such license fee if the failure to pay the required license fee is for noy more than a month, with an additional five per cent (5%) for each additional month or fraction thereof during which failure continues, such penalty not to exceed fifty per cent (50%) of the required license fee.

**NOTE: YOU MUST COMPLETE AN APPLICATION FOR EACH BUSINESS LOCATION WITHIN THE TOWN OF DANVILLE.**

TRADE NAME: _____  Mailing Address: _____  Physical Address (if different): _____  City: _____ State: _____ Zip: _____	Identifying Number: Please indicate (Circle one) – Social Security #, Federal Tax ID # or WV Business Registration #  _____
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**If you sell Beer, Wine or Liquor - Please complete the following:**

West Virginia ABCC #: \_\_\_\_\_ West Virginia Beer #: \_\_\_\_\_ West Virginia Wine # \_\_\_\_\_

		BEER *			CABS, UBER	
	1.	Distributor	\$250.00		18.	Drivers \$10.00
	2.	Dispenser	\$100.00			Areas:
	3.	Club	\$100.00			
	4.	Carry Out	\$100.00			LIQUOR CLUBS *
					19.	Less than 1000 Members \$500.00
		MEDICAL			20.	More than 1000 Members \$1250.00
	5.	Physician, Surgeon, Podiatrist, et al.	\$ 50.00		21.	Fraternal, Veteran or Non-Profit \$375.00
	6.	Medical Corporation	\$300.00			
	7.	Dentist	\$ 25.00			MISCELLANEOUS
					22.	General Store ( <b>See I on back</b> ) \$ 15.00
		WINE *			23.	Special Store ( <b>See I on back</b> ) \$ 5.00
	8.	Distributor	\$250.00		24.	Hotel or Restaurant \$ 10.00
	9.	Retailer	\$150.00		25.	Barber Shop or Beauty Shop \$ 10.00
					26.	Barber or Beautician (EACH) \$ 2.00
		HAWKER AND PEDDLER, HOME SOLICITATION			27.	Insurance Company or Agent \$ 25.00
	10.	On Foot (Door to Door)	\$ 10.00		28.	Funeral Home Establishment \$ 75.00
	11.	½ Ton	\$ 15.00		29.	Embalmers & Directors (EACH) \$ 15.00
	12.	1 Ton	\$ 50.00		30.	Nursing Home (PER Bed) \$ 4.00
	13.	2 Ton	\$100.00		31.	Nursing Home Administrator \$ 50.00
	14.	Each Additional Ton	\$100.00		32.	Real Estate Broker (EACH) \$ 50.00
		Vehicle License #			33.	Real Estate Salesman (EACH) \$ 25.00
					34.	Pawnbrokers \$ 100.00
		VENDING MACHINES			35.	Auctions \$ 100.00
	15.	\$1.00 Machines	\$ 2.00		36.	Chiropractors \$ 25.00
	16.	\$1.00 + Machines	\$ 5.00		37.	Collection Agencies \$ 100.00
	17.	Decals, Each	.50		38.	OTHER – Please call for amount \$ _____

**\*MUST BE ACCOMPANIED BY A VALID West Virginia LIQUOR LICENSE upon initial application.**

Attach your remittance made payable to the  
“Town of Danville” and mail to:  
Town of Danville  
PO Box 217  
Danville, WV 25053

License Fee - from above	_____
Decal Fee - only for vending machine	_____
Penalty - if applicable (read above)	_____
Filing Fee - for everyone	_____.50_____
<b>TOTAL DUE</b>	_____

A. Telephone Number: Local \_\_\_\_\_ Corporate: \_\_\_\_\_

Additional Emergency Numbers: \_\_\_\_\_

B. Date of West Virginia Corporation (if applicable): \_\_\_\_\_

C. Date Business began in Danville: \_\_\_\_\_

D. Where are your records kept: \_\_\_\_\_

E. If fiscal year accounting is used when does your year end? \_\_\_\_\_

F. Do you sell at (Check all that apply): Retail: \_\_\_\_\_ Wholesale: \_\_\_\_\_ Manufacturing: \_\_\_\_\_

G. Do you sell (Check all that apply): Soft Drinks \_\_\_\_\_ Cigarettes \_\_\_\_\_ Beer \_\_\_\_\_ Liquor \_\_\_\_\_ Wine \_\_\_\_\_

H. Does your business contain vending machines? If they do not belong to your business who is the owner and what is their address: \_\_\_\_\_

**I. NOTE: IF YOUR BUSINESS TYPE IS NOT SPECIFICALLY LISTED AND YOU SELL ANY TOBACCO PRODUCTS, SOFT DRINKS OR CANDY, OR THEY ARE OFFERED FOR SALE FROM A VENDING MACHINE ON THE PREMISES OF YOUR BUSINESS, A GENERAL STORE LICENSE IS REQUIRED. IF YOU DO NOT SELL ANY OF THESE THEN A SPECIAL STORE LICENSE IS REQUIRED.**

J. Does this business own the property on which it is located? \_\_\_\_\_ If no, please list the owner and their address below.

K. Please give a description of your business: \_\_\_\_\_

L. Ownership: (Choose one) Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

List all principle officers, proprietors, partners, or any individual owning more than 25% of this business:

1. Name \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Name \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. Name \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Name \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

5. Name \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 of Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_

If you have any questions pertaining to this application, you may contact the city offices at 304-369-5428.

Signature of Owner or Authorized Agent

Title

Date