

**MUNICIPAL BUSINESS LICENSE APPLICATION**  
**City of Mannington, West Virginia**  
**City Clerk's Office**  
**206 Main Street**  
**Mannington, West Virginia 26582**

For assistance, call (304) 986-2700 ext 177

Fax (304) 986-2125

Email: wvmgton@aol.com

Name and Mailing Address of Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Fed I.D. or Soc Security Number \_\_\_\_\_

Physical Address of Business \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Business Start Date: \_\_\_\_\_ Email: \_\_\_\_\_

Number of employees at this location: \_\_\_\_\_

Name of owner: \_\_\_\_\_

or partners: \_\_\_\_\_

\_\_\_\_\_

General description of business functions: \_\_\_\_\_

Does the business sell:

1. Tobacco products or soft drinks \_\_\_\_\_ yes \_\_\_\_\_ no  
Beer \_\_\_\_\_ yes \_\_\_\_\_ no  
Liquor \_\_\_\_\_ yes \_\_\_\_\_ no

2. Is beer sold for consumption on the premises \_\_\_\_\_ yes \_\_\_\_\_ no

3. Are there vending machine(s) on the premises that are  
not owned by the business? \_\_\_\_\_ yes \_\_\_\_\_ no

4. If answer to #3 is yes, list owner information:

Name: \_\_\_\_\_

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

5. Does the business own the property on which it is located? \_\_\_\_\_ yes \_\_\_\_\_ no

If you answered no, list the owner, their address & amount of rent charged per month:

\_\_\_\_\_ Monthly rental amount: \_\_\_\_\_

Additional Business Information:

Does your business contain Video Lottery Terminals:

YES  NO If YES, how many? \_\_\_\_\_

If Home Occupation, will customers come to your home:

YES  NO

Do you sell (check all that apply.):

Beer  Wine  Liquor

Does your business contain vending machines?

YES  NO If YES, how many? \_\_\_\_\_

Does your business contain pool tables?

YES  NO If YES, how many? \_\_\_\_\_

**LIQUOR, BEER AND WINE LICENSE APPLICANTS**

<p>WV Beer License No. _____ WV ABC License No. _____ WV Wine License No. _____</p>
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THE APPLICANT AND/OR BUSINESS HAS READ AND UNDERSTANDS ALL THE INFORMATION PROVIDED IN THIS APPLICATION AND CERTIFIES, SWEARS, AND ATTESTS THAT ALL THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE OR BELIEF.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**REMIT THIS ORIGINAL APPLICATION AND PAYMENT TO THE ADDRESS ON THE TOP FRONT OF THIS FORM. PLEASE MAKE COPIES FOR YOUR RECORDS.**

**OFFICE USE ONLY**

1. What is the current zoning district? \_\_\_\_\_

2. Does this business conform to the current zoning? \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

**Building Inspector**

\_\_\_\_\_  
**Date Approved**

Dear License Applicant:

It is imperative that all questions on this form be answered in order to properly classify your business activities and determine the proper license fee. You must provide a copy of your State of West Virginia issued license. Incomplete forms will delay processing of your application. An application must be completed for each business located in the corporate limits of Mannington. All municipal licenses expire on June 30<sup>th</sup> of each year.

It is the responsibility of each applicant upon initial application for a city license to first ascertain that the address at which the proposed business, activity, trade or employment is permitted by the Mannington Zoning Ordinances and all other ordinances of the City of Mannington. Zoning information is available at city hall or on the city's website at [www.cityofmannington.com](http://www.cityofmannington.com).

If you have any questions, feel free to call me at 304-986-2700 ext 177.

Michele Fluharty  
City Clerk & Recorder