

**Town of Peterstown
229 Thomas Street
P.O. Box 487
Peterstown, WV 24963
304-753-9509**

APPLICATION FOR TOWN LICENSE

Business, Company or Professional Name: _____

Type of Business Activity: _____

Date Business Began: _____

Location of Business (Physical Address): _____

Mailing Address for Business: _____

Telephone Number for Business: _____ FAX # _____

E-Mail Address for Business: _____

Contact Person _____

Entity Responsible for Business & Occupation Tax _____

Attach current copy of all that apply: WV Business Registration Certificate, WV Contractor License,
Monroe County Health Department Permit, WV Alcoholic Beverage Control Commission License

Business Ownership:

Name: _____ SSN: _____

Home Address: _____

Home/Cell Phone: _____

Name: _____ SSN: _____

Home Address: _____

Home/Cell Phone: _____

Signature of Applicant

Title

Date