

**APPLICATION FOR CITY LICENSE
HINTON, WEST VIRGINIA**

FOR OFFICE USE ONLY

The undersigned hereby applies for the following municipal license for the current year beginning _____

CHECK HERE

ANNUAL FEE

<input type="checkbox"/>	ATTORNEYS	\$
5.00	BARBER OR BEAUTY SHOP	
	\$15.00	
<input type="checkbox"/>	COLLECTION AGENCY	
	\$15.00	
<input type="checkbox"/>	GENERAL BUSINESS	
	\$15.00	
<input type="checkbox"/>	HOTELS (each bedroom in excess of 7 = \$.25 up to \$10.00)	\$
2.00	INSURANCE BROKERS	
	\$10.00	
<input type="checkbox"/>	INSURANCE AGENCY	
	\$15.00	
<input type="checkbox"/>	JUNK DEALERS	
	\$15.00	
<input type="checkbox"/>	PAWN BROKERS	
	\$15.00	
<input type="checkbox"/>	REAL ESTATE AGENTS	
	\$15.00	
<input type="checkbox"/>	RESTAURANTS (each 5 chairs/spaces in excess of 10 = \$.25/per, up to \$10)	\$
2.00	SPECIAL STORES	\$
5.00	VENDING MACHINES (.01 Device/each)	\$
2.00	VENDING MACHINES (.05 Device/each)	\$
5.00	VENDING MACHINES (.10 Device/each)	
	\$10.00	
<input type="checkbox"/>	VENDING MACHINES (.10 plus Device/each)	
	\$12.50	
<input type="checkbox"/>	VETERINARIANS	\$
5.00		
TOTAL FEE		\$

COMPUTATION FOR CITY LICENSE FEE FOR PERIOD LESS THAN YEAR

RATE	6 MONTHS	5 MONTHS	4 MONTHS	3 MONTHS	2 MONTHS	1 MONTH
40.00	20.00	16.65	13.32	9.99	6.66	3.33
25.00	12.50	10.40	8.32	6.24	4.16	2.08
15.00	7.50	6.25	5.00	3.75	2.50	2.00
10.00	5.00	4.15	3.32	2.49	2.00	2.00
5.00	2.50	2.05	2.00	2.00	2.00	2.00
2.50	2.00	2.00	2.00	2.00	2.00	2.00

BUSINESS LICENSE INFORMATION – PLEASE COMPLETE

BUSINESS OWNER: _____ BUSINESS

NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____ OTHER: _____

WV BUSINESS LICENSE # **(REQUIRED)**: _____

WV STATE CONTRACTOR LICENSE # **(WHEN REQUIRED)**: _____

WV _____

AUTHORIZED SIGNATURE: _____ TITLE: _____

A CITY LICENSE **CANNOT** BE ISSUED WITHOUT A WV STATE BUSINESS LICENSE NUMBER LISTED OR (WHEN REQUIRED) A WV STATE CONTRACTOR'S LICENSE NUMBER

*ALL BUSINESSES ARE REQUIRED TO FILE A BUSINESS AND OCCUPATION TAX FORM
WILL YOUR BUSINESS BE FILING QUARTERLY _____ OR ANNUALLY _____?

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (304) 466-3255
PLEASE ENCLOSE PROPER PAYMENT WITH APPLICATION
MAIL TO: **CITY OF HINTON, 322 SUMMERS STREET, HINTON, WV 25951**