

Application for Business License

This application must be submitted with the License fee associated with the type of business as determined by the Town of Granville.

Official Business Name: _____

Doing Business As: _____

B&O Department: _____

Ownership Type : Assoc. Corp. Individual Gov. LLC LLP PLLC Partnership

Business Category: Amusements Financial (banks, etc) Rentals to Residents Restaurant
 Manufacturer Rentals to Businesses Retailer Service Business Wholesaler

FEIN/SSN: _____

Registered with the WV Secretary of State: ___ Yes ___ No

Home State: _____

Physical Address Information

_____ Address 1 _____ Address 2

_____ City _____ State _____ Zip Code _____ Country _____ County

_____ Website _____ Phone # _____ Fax #

Mailing Address Information

Same as Physical Address? ___ Yes ___ No

_____ Address 1 _____ Address 2

_____ City _____ State _____ Zip Code _____ Country

Operation in Granville

Operating in Granville since

Official Contact Information

(1) _____
Name (Salutation, First, MI, Last, Suffix) Title

Phone #/ Ext (If Applicable) Fax # Email Address

(2) _____
Name (Salutation, First, MI, Last, Suffix) Title

Phone #/ Ext (If Applicable) Fax # Email Address

Description of Products and Services (Additional information may be attached)

UNDER PENALTIES OF PERJURY, I declare, to the best of my knowledge and belief, that the Information submitted (including accompanying schedules and statements) IS TRUE, CORRECT AND COMPLETE.

Preparer's Signature Title Date