

**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  Contractor (Submit Form C)  Financial (banks, etc)

Manufacturer  Rentals to Businesses  Rentals to Residents (Submit Form B)

Retailer  Restaurant  Royalties, Fees  Service Business  Wholesaler

Other: \_\_\_\_\_

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**

**Industry**

Operating in Granville since \_\_\_\_\_

NAICS-1 NAICS-2 NAICS-3 NAICS-4 NAICS-5

**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