



Recorder's Office

Application for Contractor License

This application must be submitted with a copy of the WV Contractor License and a fee of \$90.

Official Business Name: _____

Doing Business As: _____

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

Type: ___ Contractor (Submit Form C) Subcontractor for: _____

FEIN/SSN: _____

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

Physical Address Information

Address 1 Address 2

City State Zip Code Country County

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

Email application and pay by phone: csypolt@townofgranvillewv.gov 304-599-5080 or send check to Town of Granville PO Box 119 Granville, WV 26534

