

BUSINESS LICENSE APPLICATION

Lic. # _____

TOWN OF BATH
271 WILKES STREET
BERKELEY SPRINGS, WV 25411
BUSINESS LICENSE APPLICATION
July 1, 2023 to June 30 2024

*** REQUIRED**

* Name of Business: _____
 * Name of Owner: _____
 * Business Address: _____
 * Mailing Address (if different): _____
 * Phone: (____) _____ - _____ *Emergency Phone: (____) _____ - _____
 * Business Phone: (____) _____ - _____
 * Email Address: _____
 * W.V. State Tax Account No. _____ Issued On: ____/____/____

Business License Category					
Check Applicable Category			Retail Liquor Outlet		
	General Business Lic. (WV Code 8-13-4)	\$20.00		Class A Liquor Store Lic. (WV Code 60-3A-12)	\$1,500.00
				Class B Liquor Store Lic. (WV Code 60-3A-12)	\$1,500.00
			Private Clubs		
				Less Than 1,000 Members (WV Code 60-7-6)	\$750.00
				More Than 1,000 Members (WV Code 60-7-6)	\$1,250.00
Wine				Fraternal, Veterans, Non-profit Serving Lic. (WV Code 60-7-6)	\$500.00
	Retail Wine Sales Lic. (WV Code 60-8-3)	\$150.00			
	Wine Distributor Lic. (WV Code 60-8-3)	\$2,500.00			
	Wine Specialty Shop (WV Code 60-8-3)	\$250.00			
	Wine Tasting Lic. (WV Code 60-8-3)	\$150.00	Beer		
				Class A Retail Dealer Lic. (WV Code 11-16-9)	\$150.00
	Private Wine Restaurant – Wine Only (WV Code 11-16-9)	\$250.00		Class B Chilled and Un-chilled Beer Only Lic. (WV Code 11-16-9)	\$150.00
				Private Wine Restaurant – Wine & Nonintoxicating Beer Only (WV Code 11-16-9)	\$400.00

Beer					
	Beer Distributor Lic. (WV Code 11-16-9)	\$1,000.00		Brewery Producing 12,501 Barrels or More Lic. (WV Code 11-16-9)	\$1,000.00
	Brewery Producing 12,500 Barrels or Less (WV Code 11-16-9)	\$500.00			
				Tavern Serving Nonintoxicating Beer Only	\$150.00

DAYCARE OPERATORS ONLY: WV DEPT HEALTH & HUMAN RESOURCES PERMIT #: _____
 *A copy of your WV Dept. of Health & Human Resources permit MUST accompany this application

WV STATE BUSINESS REGISTRATION NUMBER: _____
 *A copy of your WV State Business Registration Certificate MUST accompany this application

CONTRACTORS ONLY: WV STATE CONTRACTORS LICENSE NUMBER: _____
 *A signed copy of your WV State Contractors License MUST accompany this application

FOOD SERVICE ONLY: HEALTH PERMIT NUMBER: _____
 *A copy of your Health Inspection Report and Health Permit MUST accompany this application

IF YOUR BUSINESS SELLS, PRODUCES, DELIVERS, DISTRIBUTES, AND/OR SERVES ALCOHOL FOR CONSUMPTION:
 WVABCC LICENSE NUMBER: _____

IF YOUR BUSINESS DESIRES TO PURCHASE GOLD, SILVER, OR OTHER PRECIOUS METALS, JEWELS OR OTHER
 PRODUCTS YOU MUST REPORT YOUR PURCHASES TO THE TOWN OF BATH POLICE DEPT AND COMPLY WITH
 ARTICLE III OF THE BUSINESSES AND BUSINESS REGULATION SECTION OF THE TOWN OF BATH MUNICIPAL
 CODE. Printed name: _____ Signature: _____ Date: __/__/__

Authorized Signature of Business: By signing below, I do hereby certify and declare, under the penalty of perjury, that the information furnished in this application is true, complete and accurate to the best of my knowledge.

 Signature of Business Owner or Authorized Agent. Date: ____/____/____ Title