

BUSINESS LICENSE APPLICATION

City of Charleston
915 Quarrier St., Suite 4
Charleston, WV 25301
Phone: (304)348-8024
www.charlestonwv.gov



STREET VENDING
RENEWAL
2019-2020

Approval Code: _____
Staff Associate Initial: _____
License Fees: _____
Penalty: _____
TOTAL PAID: _____

CITY OFFICIAL USE ONLY

Name of Business: _____
DBA: _____
Attn: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Please Note: This application is for the renewal of an existing license. If you are a new business or new owner of an existing business, you MUST complete the BUSINESS REGISTRATION APPLICATION.

Section I. License Category:

Street Vending – Proof of current Liability Insurance in the aggregate sum of **\$500,000.00** with the City of Charleston listed as an additional insured must be submitted with the renewal application.

____ 9. Street Vending –Motorized/Non-Motorized (\$20.00)

Section II. Business Information:

A. Name of Business: _____
DBA: _____ Federal Employer ID/Social Security Number*: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____
B. Ownership Type: ____ Sole Proprietorship ____ Corporation ____ Partnership ____ Non-Profit ____ Other

*****Please attach list of all officers, directors, proprietors or any individual owning 25% or more of the business.*****

C. Name of individual preparing this application: _____ Title: _____
D. Phone number of preparer: _____ Email: _____
E. Description of your business: _____
F. **Does your business sell or serve prepared food?** Yes / No **If Yes, you Must attach your 2019-2020 Kanawha County Health Permit**

***Privacy Act Statement:** Disclosure of a Social Security Number (SSN) to the City of Charleston is voluntary. If you do not wish to disclose your SSN, you may provide an alternative identification number, The City of Charleston solicits this information pursuant to West Virginia Code § 8-13-13 and the Charleston City Code. The City of Charleston will not disclose your SSN or any other information you provide to any other entity or party. The City of Charleston requests this information to facilitate the verification of withholding and payment of service fees

Section III. Authorized Signature of Business: By signing below, I do hereby certify and declare, under 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

RTS ACCOUNT # : _____
City Official Use Only

Section IV. Property Inspection: It is the responsibility of each renewal applicant to ascertain inspections and approval of the vending cart/truck from Building and Fire Departments. **Fire & Building Department Inspection Must be Obtained Annually.**

Do Not Submit Application Without the Required Signatures	
TO BE COMPLETED BY: BUILDING DEPARTMENT	PHONE NUMBER: (304)348-6833
Approved By: _____ Building Official	Date: _____
TO BE COMPLETED BY: FIRE DEPARTMENT	PHONE NUMBER: (304)348-8058
Approved By: _____ Fire Department Official	Date: _____

Business License Renewal Application Instructions (Street Vending):

1. Select the appropriate license(s) for your business in Section I. You **must** provide Proof of Liability Insurance in the aggregate sum of \$500,000 with the City of Charleston listed as an additional insured. Please be aware street vending is only permitted in designated areas. See street vendor rules and regulations and street vendor map on our website: www.charlestonwv.gov for details.
2. Complete Section II in its entirety. If your business intends to sell or serve prepared food, you **must** attach a copy of your 2019-2020 Kanawha County Health Permit.
3. Sign and date the application in Section III.
4. Obtain Building & Fire Department Approval.
5. Mail the completed application with your total payment to the address below on or before **June 30, 2019**. If you have any questions with respect to your application, please contact the City Collector's Office at (304) 348-8024.

**Return To:
Charleston City Collector's Office
Attn: Business Licensing
915 Quarrier St., Suite 4
Charleston WV 25301**