

RTS ACCOUNT #: \_\_\_\_\_

B&O: Yes / No

CSF: Yes / No

Permit Fee: \_\_\_\_\_

Staff Associate Initial: \_\_\_\_\_

**CITY OFFICIAL USE ONLY**

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



**PRIVATE PROPERTY VENDOR**  
**PERMIT APPLICATION**  
**Calendar Year 2024**

**Section I. 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

C. Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

D. Description of your business: \_\_\_\_\_

**\*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 II. PRIVATE PROPERTY VENDOR REQUIREMENTS:**

**1. Does your business sell or serve prepared food?** Yes / No If Yes, please sign and acknowledge below.

I will not serve food unless and until I am in good standing with the Kanawha-Charleston Health Department and have obtained all necessary approvals.

\_\_\_\_\_  
Signature of Business Owner or Authorized Agent Date Title

**2. Does your business sell beer or liquor?** Yes / No If Yes, please sign and acknowledge below.

I will not serve alcohol unless and until I am in good standing with the West Virginia Alcohol Beverage Control Administration and have obtained all necessary approvals.

\_\_\_\_\_  
Signature of Business Owner or Authorized Agent Date Title

**3. Private Property Certification:** I am only applying to operate on private property, having obtained all necessary approvals including any required fire code inspections, and understand that I will need a different permit if I intend to operate as part of an authorized City event or upon the public right of way.

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Signature of Business Owner or Authorized Agent

Date

Title

**Section III. Private Property Permit Fee:** \$20.00 Annual Fee

**Section IV. 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. I will immediately notify the City Collector's Office if any of the information contained herein changes.

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Signature of Business Owner or Authorized Agent

Date

Title

\* Mail the completed application with payment to the address below. 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  
915 Quarrier St., Suite 4  
Charleston WV 25301**