

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**



**EVENT VENDOR  
PERMIT APPLICATION  
Calendar Year 2026**

**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. EVENT VENDOR REQUIREMENTS:**

**1. Food Sales:** 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.

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Signature of Business Owner or Authorized Agent

Date

Title

**2. Alcohol Sales:** 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.

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Signature of Business Owner or Authorized Agent

Date

Title

**3. Event Certification:** I am only applying to operate in conjunction with an organized event, private or public authorized by the City, subject to any required fire code inspections, and said event provides umbrella insurance coverage sufficient to satisfy the requirements herein or I will be required to provide further requirements to the City Event Coordinator.

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Signature of Business Owner or Authorized Agent

Date

Title

### **Section III. Event Vendor 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**