



Town of Capon Bridge
PO Box 183
Capon Bridge WV 26711

Phone: 304-856-3625 Fax: 304-856-2495

E-mail: townclerk@townofcaponbridgewv.gov

EQUAL OPPORTUNITY PROVIDER & EMPLOYER

VENDOR LICENSE APPLICATION

Town of Capon Bridge, Inc.: Ordinance #43. Provide a copy of state or any other federal or state licenses required to do business when applying for a Town Business/Vendor License, be it known that applying for and being licensed in the Town of Capon Bridge, Inc. does not sanction a party(s) or condone licensee from neglecting his obligation and responsibility in obtaining any and all necessary licenses relating to his business. As well, having a Town Business/Vendor License does not give the licensee permission from the Town of Capon Bridge, Inc. to operate such a business without first applying and obtaining any and all state and/or federal licenses requirements.

Business Name: _____

Registered Agent/Owner: _____

Mailing Address: _____

Phone: _____

Location you are providing service: _____

What Services or Goods are you providing? _____

All Vendors Must Have a Town Vendor's License

Due upon Receipt – P.O. Box 183, Capon Bridge, WV 26711-0183

Please mail back the completed application with fee.

**Pay online: go.wv.gov/caponbridge, choose Vendor License from the drop-down menu.
 Non-refundable, once permit issued.**

*****Office Use Only*****

Date: _____

Vendor \$25.00 Full Year \$25.00

Amount Received: _____

One day \$10.00

Number of Permits Granted _____

Certificate Issued: _____

Total Permit Fee Due \$ _____