



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 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 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. *License year shall mean the fiscal year beginning July 1 and ending June 30. The license expires by date on permit.*

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 the fee.
- **License year shall mean the fiscal year beginning July 1 and ending June 30.**
- **The license expires by date on permit.**
- Pay online: townclerk@townofcaponbridge.wv.gov,
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 _____	Total Permit Fee Due \$ _____
Certificate Issued: _____	