

Town of Capon Bridge PO Box 183 Capon Bridge WV 26711

Phone: 304-856-3625 Fax: 304-856-2495 E-mail: townclerk@townofcaponbridgewv.gov

BUSINESS 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 License, be it known that applying for and being licensed in the Town of Capon Bridge 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 License does not mean or give the licensee permission from the Town of Capon Bridge to operate such a business without first applying and obtaining any and all state and/or federal licenses necessary. License year shall mean the fiscal year beginning July 1 and ending June 30th. The license expires by date on permit.

MUST INCLUDE WEST VIRGINIA STATE LICENSE NUMBER

Business Name:		
Registered Agent/Owner:		
Mailing Address:		
Phone:		
Location you are providing service:		
What Services or Goods are you providing? WV State License # (Required):		-
Number of Vendors Used, any companies you may All Vendors Must Have a Town Vendor's License	be purchasing from.	
Due upon Receipt – P.O. Box 183, Capon Bridg	ge, WV 26711-0183	
 Please mail back the completed application w 	ith the fee.	
• License year shall mean the fiscal year beg	inning July 1 and ending J	June 30.
• The license expires by date on permit.		
 Pay online: townofcaponbridge.w 		
Choose Business License from the drop-down	n menu.	
 Non-refundable, once permit issued. 		
**************************************	se Only**********	*****
		ear \$50.00
Date:	Business License Full Ye	Ψ Ψ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ
Date:	Business License Full Ye Thirty-days available	\$10.00