

# City of MOUNDSVILLE



Po Box E, Moundsville, WV 26041-0955, (304) 845-3394, Fax (304) 845-7130 Fiscal Year: 2018-2019

Application is hereby made for license(s) to conduct the business, activity, trade, or employment indicated below for the year beginning July 1, 2018

## PLEASE READ COMPLETELY AND CAREFULLY

GENERAL - ALL CITY LICENSES ARE ISSUED FOR A FISCAL YEAR AND EXPIRE JUNE 30 OF EACH YEAR. **THE BUSINESS MUST BE RENEWED BEFORE JULY 1 OF EACH YEAR.** ANY BUSINESS WHO FAILS TO MAKE THE APPROPRIATE APPLICATION, FAILS TO RENEW ITS ANNUAL CITY LICENSE OR FAILS TO PAY THE APPROPRIATE TOTAL LICENSE FEE IS LIABLE FOR A PENALTY OF **10% PER MONTH FOR EACH MONTH** THE BUSINESS ACTIVITY IS CONDUCTED WITHOUT A VALID LICENSE. YOU MUST COMPLETE

THE APPLICATION IN ITS ENTIRETY AND CHECK MUST BE ENCLOSED BEFORE CITY LICENSE IS PROCESSED. PAY ALL OF THE REQUIRED FEES AND SUBMIT THE APPLICATION AND PAYMENT TO THE OFFICE OF THE CITY CLERK, Po Box E, Moundsville, WV 26041-0955.

IF YOU HAVE ANY QUESTIONS CONCERNING THE APPLICATION CONTACT

THE CITY CLERK'S OFFICE AT (304) 845-3394 OR (304) 845-3398

## MUST HAVE STATE OF WEST VIRGINIA LICENSE.

**APPLICANT MUST PROVIDE A COPY OF A STATE OF WEST VIRGINIA BEER, LIQUOR, OR WINE CERTIFICATION BEFORE A LICENSE CAN BE APPROVED AND ISSUED. A CITY LICENSE WILL NOT BE ISSUED IF THE APPLICATION FILED IS NOT COMPLETE OR THE CORRECT FEE IS NOT PAID.**

PRIVATE CLUBS AND BEER/WINE DEALERS MUST PRESENT THEIR WV LICENSE BEFORE CITY LICENSE MAY BE ISSUED.

FURNISH LIST OF TYPES OF MACHINES AND LOCATIONS.

**NOTICE:** Your License will Expire June 30th. Failure to secure new license before July 1. will cause a 10% penalty Each Month.

## Municipal License Categories and Annual Fees

		QTY	Amount	Total Amount
01	GENERAL BUSINESS		15.00	
02A	BEER - RETAIL		100.00	
02B	BEER - PACKAGE		15.00	
03	WINE		150.00	
04A	PRIVATE CLUB - FRATERNAL		375.00	
04B	PRIVATE CLUB - PRIVATE ( <1000 )		500.00	
04C	PRIVATE CLUB - PRIVATE ( >1000 )		1,250.00	
05	CLASS A LIQUOR SALES		500.00	
06	POOL TABLES (1ST TABLE)		25.00	
06A	POOL TABLES ( EACH ADDITIONAL )		15.00	
07A	MISC MACHINES ALL .25 + GAMING & MUSIC		12.50	
07B	MISC MACHINE - BLANKET LICENSE ( 20+ )		250.00	
08	PAWNSHOP/PAWNBROKER		100.00	
09	HAWKER/PEDDLER		10.00	
09A	HAWKER/PEDDLER - BACKGROUND CHECK		75.00	
10	MASSAGE THERAPY		15.00	
11	WEAPONS SALE		10.00	
12	CAMPGROUNDS		10.00	
13	DUPLICATE LICENSE		5.00	
14	CONTRACTOR LICENSE		25.00	

Account:

SIGNATURE OF APPLICANT OR DESIGNATED AUTHORITY

OWNER'S NAME

TAX ID#

or

SS#

PHONE #

BUSINESS LOCATION

DATE BUSINESS BEGAN IN CITY

TOTAL LICENSE DUE

PENALTY (if applicable) +

Last Filed 2017-2018

Delinquent Months 0

Prior Balance or Credit (if applicable):

TOTAL REMITTANCE DUE =

**PLEASE MAKE A COPY FOR YOUR RECORDS AND MAIL ORIGINAL WITH PAYMENT TO ABOVE ADDRESS**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_





# CITY OF MOUNDSVILLE

Po Box E, Moundsville, WV 26041-0955, Phone (304) 845-3394

Fax (304) 845-7130

BUSINESS AND OCCUPATIONAL TAX RETURN

QUARTERLY RETURN FOR

ALL QUESTIONS MUST BE ANSWERED

ALL ACTIVE BUSINESSES MUST FILE A RETURN EVEN IF YOU DO NOT HAVE ANY GROSS SALES FOR THIS RETURN PERIOD.  
CHANGE NAME AND ADDRESS IF **NOT** CORRECT  
PLEASE REFERENCE ACCOUNT NUMBER ON **ALL** CORRESPONDENCES.

**THIS RETURN WITH PAYMENT FOR TAX DUE MUST BE RECEIVED NOT LATER THAN 30 DAYS FROM END OF PERIOD COVERED, AND MUST BE SIGNED BELOW BY THE TAX PAYER. PLEASE MAKE A COPY FOR YOUR RECORDS.**

CONTRACTORS LIST JOBS / RENTERS LIST PROPERTIES

- (1) FOR YEAR ENDED \_\_\_\_\_ OR FROM \_\_\_\_\_ TO \_\_\_\_\_
- (2) STATE EXACT DATE BUSINESS BEGAN IN CITY: \_\_\_\_\_
- (3) IF FISCAL YEAR IS USED, WHEN DOES IT END? \_\_\_\_\_
- (4) DURING PERIOD COVERED BY THIS RETURN, DID YOU....  
(A) QUIT BUSINESS YES NO EXACT DATE: \_\_\_\_\_  
(B) SELL OR OTHERWISE DISPOSE OF YOUR BUSINESS? YES NO EXACT DATE: \_\_\_\_\_  
(C) IF BUSINESS WAS SOLD, GIVE NAME AND ADDRESS OF NEW OWNER  
\_\_\_\_\_  
\_\_\_\_\_
- (5) MAIN OFFICE ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_
- (6) NATURE OF BUSINESS \_\_\_\_\_
- (7) SOCIAL SECURITY NO: \_\_\_\_\_

## SCHEDULE A - COMPUTATION OF TAX

Class Code and Description		Gross Amount	Rate Per \$100.00	TAXES DUE	
01	A1 COAL		1.00		
02	A2 LIMESTONE SANDSTONE TIMBER		1.50		
03	A4 NATURAL GAS OVER 5000		6.00		
04	A5 OTHER NATURAL RESOURCE		2.00		
05	B MANUFACTURED/COMPOUNDED PROD.		0.25		
06	C1 RETAIL/RESTAURANT		0.33		
07	C2 SALE OF PROPERTY WHOLESALE		0.15		
08	C3 SERVICE		0.75		
09	D CONTRACTING		2.00		
10	E PLACES OF AMUSEMENT		0.50		
11	F RENTALS		1.00		
12	G BANKING OTHER FINANCIAL		1.00		
13	H2 NATURAL GAS & TOLL BRIDGES		3.00		
14	H3 ELECTRIC/POWER OTHER SALES & DEMANDS		3.00		
15	H4 SALES & DEMAND CHG DOMESTIC & COMM LIGHTING		4.00		
16	H5 ALL OTHER PUBLIC SERVICE		2.00		

Account:

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE.

AUTHORIZED SIGNATURE

DATE

Total Amount of Taxes

GROSS TAX DUE (FROM SCHEDULE A)

ADD: Penalty of 5% For First Month or Fraction thereof and 1% For Each Succeeding Month or Fraction Thereof Delinquency.

DEDUCT OR ADD ANY PREVIOUS BALANCE FROM PRIOR FILINGS:

Total Amount Due

NAME:

BUSINESS NAME:

ADDRESS:

CITY, STATE ZIP

PHONE:

EMAIL: