

TOWN OF GRANVILLE
P.O. BOX 119, GRANVILLE, WV 26534

APPLICATION FOR CONTRACTOR LICENSE
FISCAL YEAR ENDING JUNE 30, 20_____

NOTICE: FORM MUST BE COMPLETED IN ITS ENTIRETY AND A COPY OF YOUR STATE CONTRACTOR LICENSE MUST BE ATTACHED FOR ISSUANCE OF CITY CONTRACTOR LICENSE.

BUSINESS NAME AND PHYSICAL LOCATION	MAILING ADDRESS (if different)
Legal Business or Corporate Name	Business Name
Db a Division, Subsidiary, etc.	Mailing Address
Owner's Name if Proprietorship	City, State, Zip code
Physical Street Address	CONTACT INFORMATION
City, State, Zip code	Person to contact:
	Telephone: _____ Fax: _____
	Email: _____

TYPE OF CONTRACTING General Masonry Electrical Plumbing HVAC Other (specify) _____

FEIN: _____ **DATE YOU BEGAN DOING BUSINESS IN TOWN:** _____

FORM OF BUSINESS: Proprietorship (sole owner) corporation Partnership Limited Liability Company Other(specify) _____

WV CONTRACTOR LICENSE NUMBER: _____ (COPY MUST BE ATTACHED)

BUSINESS AND OCCUPATION TAX TO BE FILED: _____ QUARTERLY _____ BY THE JOB _____ PAID

BY THE JOB FILERS MUST PAY IN FULL WHEN BUILDING PERMITS ARE ISSUED

OWNER—PARTNERS—OFFICERS—MEMBERS (ATTACH ADDITIONAL SHEET IF NECESSARY)

NAME AND ADDRESS	TITLE	TELEPHONE/EMAIL	SOCIAL SECURITY #

FEES: Contractors License \$25.00 \$_____ (prorate after Jan 1st at \$12.50) RECEIPT # _____

I certify this application to be true and accurate to the best of my knowledge.

Print Name _____ Title _____ Date _____

Signature _____