



Town of Lumberport
PO Box 519 Lumberport WV 26386 304-584-4370

APPLICATION FOR BUSINESS LICENSE

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

NAME OF OWNER/S: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

STATE BUSINESS LICENSE NUMBER: _____

INSURANCE COMPANY: _____

A copy of your state business license and your insurance certificate is required to be submitted at the time of application.

Signature of Owner/Applicant

Date

Office Use Only

Fee: _____ Paid: _____

*State Business License Provided: _____ *Insurance Certificate Provided: _____

Town License Issued Date/Clerk _____

FYE: _____

General License: \$25.00 Contractor: \$25.00 Beer License: \$100.00 *Attach copy of State License and Insurance to Application along with a copy of Town License.