

TOWN OF CEREDO Finance Department P.O. Box 691 | Ceredo, WV 25507 (681) 500-3100 finance@ceredowv.gov

Business License Application

In order to conduct business in the Town of Ceredo you must obtain a Municipal Business License. Any entity that requires a West Virginia Business Registration Certificate must get a Municipal Business License. The application may be obtained online at www.ceredowv.gov, contact the Finance Division at the address listed above, or in person at City Hall, Room 102, 700 B Street.

A business license is valid for one year starting from July 1 and ending June 30. A business license renewal will be sent out around the first of June each year. All business licenses expire on June 30 of each year. Business license fees are not prorated.

Below is a list of general information regarding the application process:

- All applicants must have a valid West Virginia Business Registration Certificate prior to obtaining a Town of Ceredo Business License.
 - The WV State Tax Department is located at 1124 Smith Street, Charleston, WV 25301, phone (304) 558-3333, or online at www.business4wv.com.
 - For more information about the WV Business Registration visit: https://tax.wv.gov/business/businessregistration
- The fee for the General Business License is \$20.00.
 - o There are several exceptions to the fee. Please refer to the application for proper fee.
- Contractors and Subcontractors: For faster processing, contractors and subcontractors will need to
 provide a copy of the WV Business Registration Certificate, WV State Contractor's License (if
 applicable), and Certificate of General Liability Insurance with the Town of Ceredo listed as the
 certificate holder.
- **Rental:** Any person(s) who furnishes a real property for lease or rent for any purpose is required to obtain a Business License.
- A **Business and Occupation Tax Return** will be mailed quarterly once the business license has been obtained.



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Business License Application

For the Period July 1, 2025 - June 30, 2026

ATTENTION: In order to conduct business in the Town of Ceredo you must obtain a Municipal Business License. Please complete all sections to expedite the application process. All applicants must submit a valid **West Virginia Business Registration Certificate** with the business license application.

| Office Use Only | |
|-----------------|--|
| License Number: | |

| Business Data | | | | |
|--|---|--|--|--|
| Business Name: | | | | |
| Business Federal Tax ID No.: | SS No. (If no Federal Tax ID No): | | | |
| Business Owner's Name: | Beginning Date of Business in Ceredo: | | | |
| Business Phone No.: | WV State Tax Department Business Registration Acct. No: | | | |
| Business Location: | | | | |
| Mailing Address (if different than business location): | | | | |
| Inside City Limits: Yes No | Contact Person for Tax & License Purposes: | | | |
| Payroll Service Provider: Yes No | Contact Phone No./Ext.: | | | |
| Name of Payroll Service Provider: | Contact Email: | | | |
| No. of Employees working inside city limits (include business owner) |): | | | |
| Give a brief description of your business activity within city limits: | | | | |
| | | | | |

| TEGORY & FEE |
|---|
| \$20 |
| \$20 |
| \$20 |
| \$500 |
| \$25 |
| \$10 |
| \$90 |
| \$150 |
| \$25 |
| \$25 |
| \$20 |
| \$75 |
| Y OF THEIR RTIFICATE WITH THE TIFICATE |
| |

| - PLEASE SELECT APPROPRIATE CATEGORY | |
|---|---------|
| Insurance Company | \$25 |
| Insurance Company Agent (Per Agent) | \$10 |
| LIQUOR RETAIL OUTLET | |
| Class A Store – Liquor License | \$1,120 |
| Class B Store – Liquor License | \$1,120 |
| PRIVATE CLUB | |
| Less than 1,000 Members | \$650 |
| More than 1,000 Members | \$1,300 |
| Fraternal, Veterans, or Non-Profit Club | \$500 |
| BEER | |
| Brewery | \$500 |
| Distributor | \$250 |
| Dispenser or Club | \$120 |
| Cold Package Carry-Out | \$120 |
| Warm Package Carry-Out | \$35 |
| **ATTACH COPY OF WV ABC LICENSE | [** |

| | | | Type of B | usiness St | ructure | | | |
|--|------------------------------|------------|-------------------|-------------|------------------------|-------------------|-------------|-------------|
| Sole Proprietor | Partnersh | ip Corpora | | | ☐ LP | LLP | Trust | ☐ Nonprofit |
| | | | | | | | | |
| | | Busines | ss Activity Class | ification (| Check all that | apply) | | |
| • | • | • • | ness functions de | | | • | , , | |
| Amusement Contracting Manufacturing Small Loans Utilities | | | | | | | | |
| ☐ Banking | , | Rental | ☐ Sen | rvice | I | Retail, Restauran | t Wholes | sale |
| *Real Estate Rental Business Only* (Attach additional sheet, if necessary) | | | | | | | | |
| Property Address | | No. of | Tenant | | Check One That Applies | | | |
| | Property | Address | | Units | Business | Residential | City Refuse | Dumpster* |
| Example: 700 B S | Example: 700 B Street | | 4 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | Owner/Agent | Contact I | nformation | | | |
| | | | | | | | | |
| Print Name: | Print Name: Applicant Signat | | | gnature: _ | Date: | | | |
| | | | | | | | | |
| | | | P | ayments | | | | |
| ☐ Cash | h Check No Other | | | Other: | | | | |
| Please make checks payable to Town of Ceredo | | | | | | | | |
| | | | | | | | | |

Please note: A Business and Occupation Tax Return will be mailed quarterly once the business license has been obtained.



CEREDO POLICE DEPARTMENT

24 HOUR EMERGENCY CONTACT INFORMATION

If your business has a physical location within the Town of Ceredo, you must provide a local contact who can be reached at any time such as a general manager or other "key holder".

While this information is rarely used, in the event of an after-hours emergency, the utility company and or police department must have access to a local contact who can be reached.

| Company Name: | | |
|----------------------|--|--|
| | | |
| Contact Name: | | |
| | | |
| Title/Position: | | |
| | | |
| Local Address: | | |
| | | |
| Direct Phone (cell): | | |
| 2 | | |

In the event of a change in information, please contact the licensing department at (681) 500-3100 or email licensing@ceredowv.gov.

Thank you,

Anthony Poston Chief of Police

^{*}Please return this form with your application