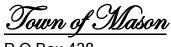


Date:



P O Box 438 656 Second Street Mason, WV 25260 Phone: 304-773-5200 Fax: 304-773-5545

The Applicant hereby declares that business will be conducted in the Town of Mason and request a license therefore. This information is necessary to properly classify your business and determine the applicable license

Application for Business License

					,	cc.		
			Applic	ant Pe	ersona	l Informa	tion	
Name								
Address								
Address								
City, St, Zip								
Phone	ıy:			Evening:		Cell:		
			E	Busine	ss Info	ormation		
Business Nam	е							
Address								
Address								
City, St, Zip								
Phone	Fax:							
FEIN No. or SS	5 No	0.				•		
Form of Business		Individual			Partnership		Trust	
		Corporation			Association		Joint Venture	
Did you purchas	e					From	Name	
business?		No	<u> </u>	Yes		Whom?	Address	
Exact date busin	ness	beg	an					
Will Vendors be	ope	eratin						
> No Yes Attach a list of all Vendors, addresses and phone numbers.								
I certify that the								
Please attach a	а со	py of	your st	tate bu	siness l	icense.		
<u> </u>								
Signature						Date		