

Town of Mason

P O Box 438
656 Second Street
Mason, WV 25260

Phone: 304-773-5200
Fax: 304-773-5545



Application for Business License

Date: _____

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 fee.

Applicant Personal Information						
Name						
Address						
Address						
City, St, Zip						
Phone	Day:	Evening:		Cell:		
Business Information						
Business Name						
Address						
Address						
City, St, Zip						
Phone					Fax:	
FEIN No. or SS No.						
Form of Business	Individual_____	Partnership_____		Trust_____		
	Corporation_____	Association_____		Joint Venture_____		
Did you purchase business?	No		Yes		From Whom?	Name Address
Exact date business began						
Will Vendors be operating on your premises:						
>	No		Yes		Attach a list of all Vendors, addresses and phone numbers.	

I certify that the above information is true and correct.
Please attach a copy of your state business license.

Signature

Date