



CITY OF
BECKLEY
WEST VIRGINIA

Business Registration

Company Name: _____

DBA: _____

Federal Employer ID: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code + 4: _____

Contact Phone Number: _____ Contact Fax Number: _____

Contact Mobile Number: _____ E-mail Address: _____

Do you have a physical location in Beckley: _____

Physical Address of business: _____

City: _____ State _____ Zip Code + 4: _____

Local Phone Number: _____

Date of WV Incorporation if applicable: _____

Date business began in Beckley: _____

Does this business own the property on which it is located: _____

If not, who is the owner? _____

Owner's address: _____

Owner's phone #: _____

Do you sell at? Manufacturing Wholesale Utility Rental Contracting
 Retail Service Amusement Banking

Signature _____ Title _____ Date _____