

City of Point Pleasant
400 Viand Street
Point Pleasant, West Virginia 25550

Phone
304 675-2360
Fax
304 674-8005



Application for Contractor's License

Form # COPP-CONTRACTOR-2005.9.01	FEE \$20.50	Include with application	Date	
The Applicant hereby declares that business will be conducted in the City of Point Pleasant and requests a license therefore.				
Applicant Personal Information				
NAME				
Address 1				
Address 2				
City, State, Zip				
Phone	Home	Day Time		
Contractor Business Information				
Business NAME				
Address 1				
Address 2				
City, State, Zip				
Phone			FAX	
FEIN or SS No.			State Contractor License #	
Form of Business	Individual		Partnership	Trust
	Corporation		Association	Joint Venture
Partnership?	Provide Names and addresses of all Partners as an attachment.			
Did you purchase business?	No	Yes	From Whom?	Name Address
Exact Date Business Began				
Attach a DETAILED description of the nature of the business: Be Specific!				
Attach copies of current WV State Contractor's License Insurance and Worker's Compensation Certificates				
I certify that the above information is true and correct	Signature		Date	
For The City of Point Pleasant Use Only				
Received By	Print	Signature	Title	Date
Approved	DATE	Denied	DATE	
Approved By	Print	Signature	Title	
License Number			B&O Number	
Reasons, Comments, Remarks and Conditions are recorded on the reverse side of this form.				