



**City of Morgantown**  
**Business Registration Application**

**Current Tax Business Tax Structure:**

Business License Fee: No Fee  
Occupational Withholding Tax: 2 Percent  
Net Profit License Fee: 2 Percent

**1. Business Information:**

Name of Business: _____
Job Site or Business Address within City Limits (Physical Address Only): _____
Local Phone Number: _____
Description of Business: _____
<input type="checkbox"/> Check here if you would like the information above published on our Website Directory

Start Date of Business: \_\_\_\_\_

Entity Type (Circle all that apply):

- Individual       Partnership Corporation       Limited Liability Partnership  
 Other       Non-Profit (Must attach IRS acknowledgement of tax-exempt status)  
 Alcohol Sales       Rental Property      **If rental, how many units?** \_\_\_\_\_

**2. Employees**

Will you have Payroll employees working within the City Limits of Morgantown?:

Yes  No

• Number of Employees, if applicable: \_\_\_\_\_

Will you have contract (1099) labor in Morgantown?:  Yes  No

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Applicant Name:** \_\_\_\_\_

\*All information beyond this point is confidential and not subject to Open Records Requests.\*

**3. Financial Information**

Accounting Period per Federal Return:  Calendar Year  Fiscal Year End Date: \_\_\_\_\_

<p><b>How does your business appear on your Federal Tax Return?</b> Social Security Number of Business Owner: _____ <b>OR</b> Business Federal ID Number: _____</p>
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Accounting Firm or Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Mailing Information**

General Mailing Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Quarterly Occupational Tax Mailing (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Net Profit License Fee Mailing (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**5. Statement of Responsibility**

I, the undersigned, being the president, vice president, secretary, treasurer of any other person holding in an equivalent position of this business entity subject to Ordinance 2008-05 understand that I shall be personally and individually liable, both jointly and severally, for any tax required to be withheld from compensation paid to one or more employees of this business entity, and neither the corporate dissolution or withdrawal of the business entity from the City, nor the cessation of holding any corporate office, shall discharge the liability of any person; provided that the personal and individual liability shall apply to each or every person holding the corporate office at the time the tax becomes or became obligated. I further understand that no person shall be personally and individually liable under this subsection who had no authority to collect, truthfully account for, or pay over any tax imposed by Ordinance 2008-05 at the time the taxes imposed by this ordinance become or became due.

**6. Signature of Responsible Party:**

Full Legal Name (Print): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

