

CITY OF MADISON

255 Washington Avenue
Madison, WV 25130

BUSINESS NAME: _____

PHONE: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL
CLASSIFICATION: RETAIL MANUFACTURING FINANCIAL
 SUPER RETAIL WHOLESALE CONTRACTING AMUSEMENT
 SERVICE AND ALL OTHER _____

WILL BEER BE SOLD? YES NO IF YES, PACKAGED ONLY ON PREMISES CONSUMPTION

WILL LIQUOR/WINE BE SOLD? YES NO IF YES, PACKAGED ONLY ON PREMISES CONSUMPTION

WILL BILLIARD/POOL TABLES BE AVAILABLE FOR USE BY PATRONS? YES NO

IF YES, HOW MANY _____ CHARGE NO CHARGE

WILL COIN OPERATED DEVICES BE AVAILABLE FOR USE BY PATRONS? YES NO

IF YES, INDICATE TYPE:

<input type="checkbox"/> SOFT DRINK	HOW MANY? _____	<input type="checkbox"/> PIN BALL	HOW MANY? _____
<input type="checkbox"/> FOOD	HOW MANY? _____	<input type="checkbox"/> POOL TABLE	HOW MANY? _____
<input type="checkbox"/> CIGARETTES	HOW MANY? _____	<input type="checkbox"/> LAUNDRAMAT	HOW MANY? _____
<input type="checkbox"/> MUSIC	HOW MANY? _____	<input type="checkbox"/> GAMBLING	HOW MANY? _____
<input type="checkbox"/> OTHER	HOW MANY? _____		

IF OTHER, DESCRIBE _____

WILL COIN OPERATED DEVICES BE BUSINESS OWNED? YES NO

IF NO, NAME OF VENDING MACHINE COMPANY _____

ADDRESS _____

IF APPLICATION IS FOR PRIVATE CLUB LICENSE, PLEASE PROVIDE NAME AND ADDRESS OF OWNERS, PARTNERS, CORPORATE OR ORGANIZATION OFFICERS

NAME _____ TITLE _____

ADDRESS _____

NAME _____ TITLE _____

ADDRESS _____

CLUB MANAGER _____

DOES YOUR BUSINESS NEED THE CITY GARBAGE SERVICES? _____

IF NO, HOW WILL YOUR GARBAGE BE REMOVED? _____

STATE BUSINESS REGISTRATION IDENTIFICATION FEIN	APPLICANT _____
	SIGNED _____
DATE _____	TITLE _____

FOR MUNICIPAL USE ONLY

LICENSE FEE:	NO.	FEE
		S

City of Madison
255 Washington Avenue
Madison, West Virginia 25130
License Renewal Application

FEIN/TAX ID _____

Please issue licenses as indicated below, for period beginning , and ending

- | | |
|--|-----------------------|
| <input type="checkbox"/> Billiard/Pool/Bagatella Table, 1st Table | \$ 25.00 |
| _____ Enter # of Additional Tables and Multiply By Amount On the Right | \$ 15.00 Ea. _____ |
| <input type="checkbox"/> Bowling Alley | \$ 25.00 |
| <input type="checkbox"/> _____ Enter # of Coin Machines and Multiply By Amount On the Right | \$ 5.00 Ea. _____ |
| <input type="checkbox"/> General Store | \$ 25.00 |
| <input type="checkbox"/> Special Store-Professional/Service | \$ 15.00 |
| <input type="checkbox"/> Gasoline Retailer/Wholesalers | \$ 6.00 |
| <input type="checkbox"/> Hawker/Peddler 1/2 Ton Vehicle | \$ 15.00 |
| <input type="checkbox"/> Hawker/Peddler - 1 Ton or Less Vehicle | \$ 50.00 |
| <input type="checkbox"/> Hawker/Peddler - 2 Ton Vehicle | \$ 100.00 |
| <input type="checkbox"/> Hawker/Peddler - Over 2 Ton Vehicle | \$ 150.00 |
| <input type="checkbox"/> Hawker/Peddler - On Foot | \$ 10.00 |
| <input type="checkbox"/> Laundromat/Car Wash Devices 1-5 | \$ 15.00 |
| _____ Enter # of Additional Devices Over 5 and Multiply By Amount On the Right | \$ 3.00 Ea. _____ |
| <input type="checkbox"/> Private ABCC Clubs-Must provide a copy of State license <i>Less than 1,000 more than \$,000</i> | \$ 500.00
1,250.00 |
| <input type="checkbox"/> Fraternal, Veterans, or Non-Profit Clubs-Must provide a copy of State license | \$ 375.00 |
| <input type="checkbox"/> Alcoholic - Class B - Sale By Drink | \$ 500.00 |
| <input type="checkbox"/> Beer Distributor | \$ 250.00 |
| <input type="checkbox"/> Beer Brewer | \$ 500.00 |
| <input type="checkbox"/> Beer - Class B - Sold But Not Consumed On Premises | \$ 100.00 |
| <input type="checkbox"/> Beer Retail - Served On Premises-Must provide a copy of State license | \$ 100.00 |
| <input type="checkbox"/> Liquor License - Class A - Retail Sales | \$ 1,000.00 |
| <input type="checkbox"/> Wine Distributors - Wholesale | \$ 2,500.00 |
| <input type="checkbox"/> Wine Retailers | \$ 150.00 |
| <i>Non Intoxicating Beer - Grocery Store 150.00</i> | |

 Signature and Date

Total Amount Due \$ _____

RETURN WITH REMITTANCE TO CITY OF MADISON, CITY RECORDER, 255 WASHINGTON AVE., MADISON, WV 25130.

ALL CITY LICENSES EXPIRE JUNE 30TH

City of Madison
 255 Washington Avenue
 Madison, West Virginia 25130
 304-369-2762

Quarterly Return - Business and Occupation Privilege Tax

THIS RETURN WITH PAYMENT TO COVER TAXES DUE MUST BE RECEIVED WITHIN 30 DAYS FROM END OF PERIOD COVERED THEREBY AND SIGNED BY TAXPAYER

FOR THE QUARTER ENDED _____

PLEASE CHECK THE FOLLOWING:

PLEASE CHANGE NAME AND ADDRESS IF INCORRECT:

- | | |
|---------------|--|
| Individual | |
| Corporation | |
| Partnership | |
| Association | |
| Trust | |
| Joint Venture | |

Place where records are kept: _____ Federal Identification No. or SSN: _____

When did business begin? _____

If Business discontinued, give date: _____

If Business sold, give name and address of new owner: _____

CODE	BUSINESS CLASSIFICATION	GROSS INCOME	EXEMPTIONS	TAXABLE GROSS	RATE/ \$100	TAX DUE
1	Production Coal				1.00	
2	Limestone or Sandstone, Quarried or Mined				1.17	
3	Oil, Blast Furnace Slag				2.17	
4	Natural Gas in Excess of \$5,000				4.31	
5	Sand, Gravel or Other Mineral, Not Quarried or Mined				2.17	
6	Timber				1.19	
7	Other Natural Resources				1.43	
8	Manufactured or Prepared for Sale Products				.30	
9	Retailers				.27	
9.1	Super Retail Grocery: Excess of 30,000 sq. ft. space				.21	
10	Wholesalers				.13	
11	Public Service or Utility: Bus Companies				2.35	
12	Water Companies				2.20	
13	Electric Power Companies				2.86	
14	Natural Gas Companies				2.14	
15	All Other Public Utilities				1.43	
16	Contracting				2.00	
17	Banking & Other Financial Institutions				.57	
18	Amusement				.35	
19	Service and All Other Business				.57	
20	Rentals, Royalties or Fees				.57	
A) TOTAL AMOUNT OF TAX DUE						
B) LESS EXEMPTION RATE OF \$25.00 ANNUALLY, \$6.25 QTRLY, \$2.08 PER MTH., OR \$.07 PER DAY						
C) ADJUSTED TAX (Line A less Line B)						
D) PENALTY OF 5% FOR FIRST 30 DAYS DELINQUENCY AND 1% EACH SUCEEDING 30 DAYS						
E) TOTAL REMITTANCE (ADD LINES C AND D)						

I, _____ do solemnly swear that the above estimates of tax due was made from the records of taxpayer and is believed to be close approximation of the actual tax due.

 (Name of Taxpayer) (Official Title) Date _____

City of Madison
 255 Washington Avenue
 Madison, West Virginia 25130
 304-369-2762

CSF Quarterly Employer Worksheet

Period Ended: _____

NAME: _____

ADDRESS: _____

Payment Is Due On Or Before _____

PLEASE CHANGE NAME AND ADDRESS
 IF INCORRECT:

Number of Employees Included: _____

Federal Identification No. or SSN: _____

Phone Number: _____

Basis of Computation (Choose One)	1st Week \$1.25	2nd Week \$2.50	3rd Week \$3.75	Monthly \$5.00
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	Pay Period or Week Ending Date	Number of Employees	Total Due	
Month 1				
Month 2				
Month 3				

By signing below, I attest I have prepared this Employer Worksheet, (CSF) and it is true and accurate to the best of my ability. I also understand this form is to be returned to the Office of the Recorder, City of Madison.

 (Name of Preparer)

 (Official Title)

 Date

RETURN WITH REMITTANCE TO CITY OF MADISON, CITY RECORDER, 261 WASHINGTON AVE., MADISON, WV 25130.

City of Madison
 255 Washington Avenue
 Madison, West Virginia 25130
 304-369-2762

Annual Return - Business and Occupation Privilege Tax

THIS RETURN WITH PAYMENT TO COVER TAXES DUE MUST BE RECEIVED WITHIN 30 DAYS FROM END OF PERIOD COVERED THEREBY AND SIGNED BY TAXPAYER

FOR THE YEAR ENDED _____

PLEASE CHECK THE FOLLOWING:

PLEASE CHANGE NAME AND ADDRESS IF INCORRECT:

- | | |
|---------------|--|
| Individual | |
| Corporation | |
| Partnership | |
| Association | |
| Trust | |
| Joint Venture | |

Place where records are kept: _____ Federal Identification No. or SSN: _____
 When did business begin? _____
 If Business discontinued, give date: _____
 If Business sold, give name and address of new owner: _____

CODE	BUSINESS CLASSIFICATION	GROSS INCOME	EXEMPTIONS	RATE PER \$100	TAXABLE GROSS
1	Production Coal			1.00	
2	Limestone or Sandstone, Quarried or Mined			1.17	
3	Oil, Blast Furnace Slag			2.17	
4	Natural Gas in Excess of \$5,000			4.31	
5	Sand, Gravel or Other Mineral, Not Quarried or Mined			2.17	
6	Timber			1.19	
7	Other Natural Resources			1.43	
8	Manufactured or Prepared for Sale Products			.30	
9	Retailers			.27	
9.1	Super Retail Grocery: Excess of 30,000 sq. ft. space			.21	
10	Wholesalers			.13	
11	Public Service or Utility: Bus Companies			2.35	
12	Water Companies			2.20	
13	Electric Power Companies			2.86	
14	Natural Gas Companies			2.14	
15	All Other Public Utilities			1.43	
16	Contracting			2.00	
17	Banking & Other Financial Institutions			.57	
18	Amusement			.35	
19	Service and All Other Business			.57	
20	Rentals, Royalties or Fees			.57	
A) TOTAL AMOUNT OF TAX DUE					
B) LESS EXEMPTION AT RATE OF \$25.00 ANNUALLY, CONTRACTING \$.07 PER DAY					
C) CONTRACTOR-LESS AMOUNT PAID AT TIME OF BUILDING PERMIT ISSUANCE					
D) LESS PAYMENTS HERETOFORE MADE ON QUARTERLY ESTIMATED RETURNS AS FOLLOWS:					
1st Quarter	2nd Quarter	3rd Quarter	Total		
E) BALANCE TAXES DUE (Line A MINUS Line B and/or C)					
F) PENALTY OF 5% FOR FIRST 30 DAYS DELINQUENCY AND 1% EACH SUCCEEDING 30 DAYS					
G) TOTAL REMITTANCE (ADD LINES E AND F)					

I _____ do solemnly swear that the above estimates of tax due was made from the records of taxpayer and is believed to be close approximation of the actual tax due.

 (Name of Taxpayer) (Official Title) Date _____

City of Madison
 255 Washington Avenue
 Madison, West Virginia 25130
 304-369-2762

CSF Annual Employer Worksheet

Period Ended: _____

NAME: _____

ADDRESS: _____

Payment Is Due On Or Before _____

PLEASE CHANGE NAME AND ADDRESS
 IF INCORRECT:

Number of Employees Included: _____

Federal Identification No. or SSN: _____

Phone Number: _____

Basis of Computation (Choose One)	1st Week \$1.25	2nd Week \$2.50	3rd Week \$3.75	Monthly \$5.00
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	Pay Period or Week Ending Date	Number of Employees	Total Due
Month 1			
Month 2			
Month 3			

By signing below, I attest I have prepared this Employer Worksheet, (CSF) and it is true and accurate to the best of my ability. I also understand this form is to be returned to the Office of the Recorder, City of Madison.

 (Name of Preparer)

 (Official Title)

Date _____

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