

TOWN OF BELLE
APPLICATION FOR CONTRACTOR'S LICENSE
For Fiscal Year Ending June 30, _____

Application Date: _____ Circle one: New Renew

Company Name: _____

Name of applying individual _____

Address: _____

Telephone: _____ Fax: _____ Cell: _____

WV Contractor's License Number: _____ Expiration Date: _____

Federal Identification of Social Security Number: _____

Two Personal References: _____

Bank References: _____

Business References: _____

Certificate of Liability Insurance: Must attach/provide a copy

WV Contractors License: Must attach/provide a copy

Statement that Worker's Compensation is provided as required: Must attach/provide a copy

Authorized Signature of Customer: _____

New License Fee	\$100.00	Please Remit to:	Town of Belle
Renewal Fee	\$ 50.00		Attn: City Clerk
			P.O. Box 697
			Belle, WV 25015

This application **must** be presented with payment before license is issued.

Original to – City Clerk Make a copy for your records.

DO NOT USE THIS SPACE