

Register online at [business4.wv.gov](http://business4.wv.gov).

Remote sellers do not use this form. Remote sellers should register at [mytaxes.wvtax.gov](http://mytaxes.wvtax.gov)

If you are making changes to a business **already registered** with the WV State Tax Department, do not use this form. Go to [mytaxes.wvtax.gov](http://mytaxes.wvtax.gov) or submit **BUS-RBL**.

Delays issuing your business license may occur if you fail to submit ALL the pages of this form, fail to complete all required sections, or do not include all required supporting documentation. Handwritten forms may take longer to process.

**PART 1**

**SECTION A: REASON FOR SUBMITTING THIS APPLICATION** Choose only one.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>NEW BUSINESS</b><br>You do not currently have a business license issued by the WV State Tax Department for any of your business activity at any location. | <input type="checkbox"/> <b>EXISTING BUSINESS OPENING NEW LOCATION</b><br>You have a business license issued by the WV State Tax Department for at least one location but are opening an additional business location. | <input type="checkbox"/> <b>WITHHOLDING ONLY (skip page 2)</b><br>You only have employees in WV and will not engage in purposeful revenue generating activity in this state. |
|---|--|--|

**SECTION B: BUSINESS IDENTIFICATION**

1. LEGAL NAME OF ENTITY		FEIN (SSN For Sole Proprietor)	
2. DBA (Complete Schedule DBA for additional DBAs and trade names)			
3. PHYSICAL ADDRESS OF BUSINESS NAMED ABOVE No Post Office Boxes			
CITY		STATE	ZIP
COUNTY		IF IN WV, IS THE BUSINESS WITHIN CITY LIMITS	<input type="checkbox"/> NO <input type="checkbox"/> YES
4. MAILING ADDRESS			
CITY		STATE	ZIP
5. EMAIL ADDRESS		Website	
6. WILL YOU HAVE WEST VIRGINIA EMPLOYEES? If yes, answer 6A and 6B	<input type="checkbox"/> NO <input type="checkbox"/> YES	6A. DATE YOU WILL BEGIN WITHHOLDING WV INCOME (MMDDYYYY)	6B. NUMBER OF EMPLOYEES SUBJECT TO WV INCOME TAX
7. DATE BEGINNING BUSINESS IN WV (MMDDYYYY)		8. TAXABLE YEAR END FOR FEDERAL TAX PURPOSES (MM)	9. ESTIMATED ANNUAL GROSS INCOME
			10. BUSINESS PHONE

**SECTION C: BUSINESS ACTIVITY**

11. DESCRIPTION OF BUSINESS ACTIVITY In detail, explain what your business will do or is doing in WV.			
12. NAICS CODES (6 digits preferred) Provide the North American Industry Classification System Codes that represents your business activity. For help, See page <b>Worksheet 1</b> in the <b>Instructions</b> .	PRIMARY NAICS	SECONDARY NAICS	ADDITIONAL NAICS



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# WV BUS-APP PART 1 continued

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## SECTION C : BUSINESS ACTIVITY CONTINUED

13. GENERAL ACTIVITY - Select all that apply. Must select at least one. Certain activities require additional documentation as noted. If you only have employees in WV and will not engage in purposeful revenue generating activity in West Virginia, leave this page blank. See Instructions for more information.

SALES AND SERVICES - Sell tangible personal property, provide services or conduct maintenance work from a WV location or to Customers in WV. If yes, which of the following goods, services, or maintenance work do you provide?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BEER- Will you hold a license to sell beer to licensed beer distributors or retailers  | <input type="checkbox"/> WINE- you will sell wine to licensed wine distributors or retailers or WV registered wine suppliers | <input type="checkbox"/> CONSTRUCTION- make alterations, repairs, improvements, and decorations to real property and structures that constitute capital improvements. For further information on what constitutes a capital improvement, consult TSD-310. |
| <input type="checkbox"/> WINE/LIQUOR - As a retailer, will you hold a license to sell liquor and/or wine by the bottle? (Not sold in clubs, bars, or restaurants)   | <input type="checkbox"/> You will sell alcohol as a private club, bar, or restaurant   | <input type="checkbox"/> NON-RESIDENT CONTRACTOR<br>Must be properly bonded and file an itemized listing of equipment and materials brought into West Virginia for use in contracting activity.   |
| <input type="checkbox"/> MANUFACTURING  |  | <input type="checkbox"/> COLLECTION AGENCY<br>Attach <b>CAB-1</b> . Must be properly bonded   |
| <input type="checkbox"/> SOFT DRINK PRODUCTS BOTTLER  | <input type="checkbox"/> SOFT DRINK PRODUCTS WHOLESALER  | <input type="checkbox"/> SOFT DRINKS PRODUCTS CROWN MANUFACTURER (bond required)  |
| <input type="checkbox"/> SOFT DRINKS RETAILER purchases from a bottler or wholesaler <b>without excise tax paid</b>   | <input type="checkbox"/> SOFT DRINKS RETAILER purchases from a bottler or wholesaler <b>with excise tax paid</b>             | <input type="checkbox"/> TELEMARKETING to WV residents<br>Attach form <b>TLM</b> and <b>Corporate Surety Bond</b> . Must be properly bonded   |
| <input type="checkbox"/> FIREWORKS<br>Must be licensed by the State Fire Marshal  |  | <input type="checkbox"/> EMPLOYMENT AGENCY<br>Attach letter from the Commissioner of labor  |
| <input type="checkbox"/> DRUG PARAPHERNALIA<br>Attach forms <b>DRUG 1</b> and <b>DRUG 2</b> . Pay Additional Fee.   |  | <input type="checkbox"/> MAKE CONSUMER OR SUPERVISED LOANS<br>Attach <b>BUS-CSL</b>   |
| <input type="checkbox"/> TRANSIENT VENDOR-Sell tangible personal property to consumers at retail level and do not maintain an established place of business in West Virginia<br>Attach <b>TVL-1</b> . \$500 bond or certified check required. |  | <input type="checkbox"/> PRENEED CEMETERY<br>Attach <b>CEM-1</b> and <b>CEM-B</b>   |
| <input type="checkbox"/> RENTAL   |  | <input type="checkbox"/> OPERATE NATURAL GAS STORAGE  |
| <input type="checkbox"/> SCRAP METAL DEALER OR RECYCLER   |  | <input type="checkbox"/> PROVIDE ELECTRIC POWER   |
| <input type="checkbox"/> SOLID WASTE  |  | <input type="checkbox"/> PUBLIC UTILITIES regulated by the PSC  |
|   |  | <input type="checkbox"/> OTHER SALES, SERVICE, OR MAINTENANCE NOT LISTED.   |

TOBACCO PRODUCTS

Mark all products you will sell (must select at least one):

Mark which describes you (must select at least one)

- CIGARETTES     OTHER TOBACCO PRODUCTS     E-CIGARETTE LIQUIDS     MANUFACTURER     WHOLESALER     RETAILER

NATURAL RESOURCES- hold title to or economic interest in severing, reducing to possession and producing for sale, profit or commercial use, any natural resource product (unless only for royalties) A permit from Department of Environmental Protection also required

- TIMBERING  
Requires Division of Forestry permit     COAL - producer     COAL - processor     NATURAL GAS     LIMESTONE     SANDSTONE     OIL     OTHER RESOURCES

FUEL - purchase, import, export, refine, or transport motor fuel in WV meant for sale or profit.  
Attach **WV/MFT-APP**

COMMON CARRIER - operate aircraft, watercraft or locomotives that transport freight or passengers within West Virginia.

HEALTHCARE - provide health care services (only includes ambulances, practitioners, hospitals, nursing home care, and x-rays)

MEDICAL CANNABIS - grow/produce or dispense medical cannabis  
Requires license from Office of Medical Cannabis     GROWER OR PRODUCER     SUPPLIER OR DISTRIBUTOR     DISPENSARY

FARMING

USE COMMERCIAL WEIGHING OR MEASURING DEVICES  
Must register with Division of Labor

OTHER/ACTIVITY NOT LISTED



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# WV BUS-APP PART 1 continued

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## SECTION D: BUSINESS OWNERSHIP

14. OWNERSHIP TYPE select at least one of the options below.

<input type="checkbox"/> SOLE PROPRIETOR  IF YOU ARE A PARTNERSHIP, CHOOSE ONE BELOW:  <input type="checkbox"/> GENERAL PARTNERSHIP  <input type="checkbox"/> LIMITED PARTNERSHIP  If applicable, enter date when your partnership elected not to be treated as a partnership under Internal Revenue Code Section 761 (MMDDYYYY)  <input type="checkbox"/>	IF YOU ARE A CORPORATION, CHOOSE ONE BELOW:  <input type="checkbox"/> DOMESTIC CORPORATION  <input type="checkbox"/> FOREIGN/OUT OF STATE CORPORATION  If S Corporation, check the box and enter first year to which the S status applies (YYYY)  <input type="checkbox"/>		IF YOU ARE NOT A PARTNERSHIP OR A CORPORATION, CHOOSE ONE BELOW:  <input type="checkbox"/> LIMITED LIABILITY COMPANY  <input type="checkbox"/> SINGLE MEMBER LLC  <input type="checkbox"/> TREATED AS A S CORPORATION  <input type="checkbox"/> TREATED AS A C CORPORATION  <input type="checkbox"/> JOINT VENTURE  <input type="checkbox"/> ASSOCIATION  <input type="checkbox"/> CHARITABLE ORGANIZATION A copy of the IRS 501-C determination is required. Failure to submit a copy will result in this business not being granted the exemptions given to an organization performing charitable activity.  <input type="checkbox"/> OTHER (specify):	
	FEIN			
	NAME			

## SECTION E: RESPONSIBLE PARTY

Complete a line for each responsible party who is an owner, partner, member, corporate officer, or trustee. There must be at least one individual who is a responsible party. Please list this person on line 15. In the case of a sole proprietorship, provide owner information in line 15. In the case of a partnership, provide information for each general partner. Attach an additional page if needed.

Each person listed will be considered to have authority to speak for and act on the behalf of the business when dealing with the WV State Tax Department. To grant authority to act on behalf of the business to an individual who is NOT an owner, partner, member, corporate officer, or trustee; complete the WV-2848 Authorization of Power of Attorney. See instructions for additional information.

NAME	TITLE	SSN	EMAIL	EFFECTIVE DATE MMDDYYYY	PHONE NUMBER
15					
16					
17					
18					

## SECTION F : SIGNATURE

**THIS REGISTRATION FORM MUST BE SIGNED BY A RESPONSIBLE PARTY WHO IS AUTHORIZED TO SIGN ON BEHALF OF THE ORGANIZATION. THE PROPRIETOR MUST SIGN FOR A SOLE PROPRIETORSHIP.**

*Under penalty of perjury, I declare that I have examined this application, accompanying documents, and statements, and to the best of my knowledge and belief, it is true, correct and complete.*

Signature of Officer/Partner or Member	Print name of Officer/Partner or Member	Title	Date
A \$30.00 registration tax is due with this application with the exception of: charitable organizations, government agencies, agricultural/farming activities or a "withholding only" account. For this application to be valid and to avoid a delay in processing, all pages must be completed and application signed. This application may be photocopied as proof of registration until your Certificate(s) are issued.			<b>AMOUNT DUE</b>  <b>\$ 30.00</b>

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 TAX ACCOUNT ADMINISTRATION DIVISION  
 REGISTRATION & ACCOUNT CORRECTION UNIT  
 PO BOX 2666  
 CHARLESTON WV 25330-2666



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**PART 2 : UNEMPLOYMENT COMPENSATION**

**SECTION G: UNEMPLOYMENT COMPENSATION**

COMPLETE THIS SECTION TO REGISTER FOR AN UNEMPLOYMENT COMPENSATION ACCOUNT.

All new businesses are required to complete this section, even if they have no employees in West Virginia

1. Reason for applying:

- New Business
- Additional Location
- Purchased Business
- Out of State Business, registering for Withholding Only
- West Virginia business, with NO employees

2. Name, street address, telephone number and person to contact where payroll records are maintained:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

3. Date first employee started work in West Virginia: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Number of employees working in WV: \_\_\_\_\_  
Number of employees working in other states: \_\_\_\_\_

5. Date first wages paid in West Virginia: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. If the reason for registering is due to the purchase of a business, merger reorganization or change of legal entity, provide the following information; including percent of assets acquired (if needed, attach additional explanation of the transaction):

- a. Percentage of assets acquired from former business: \_\_\_\_\_%
- b. Date former business was acquired by current business: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- c. Unemployment compensation number of former business, if known: \_\_\_\_\_
- d. Predecessor signature: \_\_\_\_\_

7. Have you or do you expect to employ at least ONE worker in 20 different calendar weeks during calendar year?

YES  NO

If YES, what is the earliest month and year this will occur?

Month \_\_\_\_\_ Year \_\_\_\_\_

8. Have you or do you expect to have a quarterly payroll of \$1,500.00?

YES  NO

If YES, what is the earliest quarter and year this will occur?

Quarter \_\_\_\_\_ Year \_\_\_\_\_

9. FOR EMPLOYERS OF DOMESTIC HELP ONLY:  
Have you or do you expect to have a \$1,000 quarterly payroll of domestic workers (housekeepers, baby sitters, etc.) in any year?

YES  NO

If YES, indicate the earliest quarter and calendar year.

Quarter \_\_\_\_\_ Year \_\_\_\_\_

10. For Agricultural operations only:  
Have you or will you have 10 or more workers for 20 weeks or more in any calendar year or have you paid or will you pay \$20,000 or more in wages during any calendar quarter?

YES  NO

If YES, indicate the earliest quarter and calendar year.

Quarter \_\_\_\_\_ Year \_\_\_\_\_

11. Are you liable for Federal Unemployment Tax?  YES  NO If YES, in what year did you become liable? \_\_\_\_\_

12. CERTIFICATION: This report must be signed by owner if business operated as an individual proprietorship, by **all** members if business is operated as partnership, joint venture or limited liability company; or by an authorized officer of an incorporated business.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**GOVERNMENT ENTITY OR A FEDERAL EXEMPT NON-PROFIT ORGANIZATION**

COMPLETE THIS PART IF YOU ARE EITHER A GOVERNMENT ENTITY OR A FEDERAL EXEMPT NON-PROFIT ORGANIZATION. PLEASE FURNISH A COPY OF EXEMPTION LETTER WITH THIS APPLICATION.

1. If you are a non-profit organization with a 501-C3 exemption, have you or do you expect to employ four or more workers in West Virginia in 20 different calendar weeks during a calendar year?  YES  NO If YES, what is the earliest month and year the 20th week will occur?

Month \_\_\_\_\_ Year \_\_\_\_\_

2. Elect options for unemployment compensation coverage: CONTRIBUTIONS \_\_\_\_\_ REIMBURSEMENT \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION (OFFICE USE ONLY)**

STATE ID NUMBER:	LIABLE DATE:
EFFECTIVE DATE:	PROVISION:



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