

**APPLICATION – BEER LICENSE**

**CITY OF NEW MARTINSVILLE, 191 MAIN STREET, NEW MARTINSVILLE, WV 26155**

**TELEPHONE: (304) 455-9120, FAX: (304) 455-9123 (RECORDER'S OFFICE)**

FOR PERIOD ENDING JUNE 30, 20\_\_\_\_

PLEASE SHOW YOUR W.V. BEER LICENSE NO. \_\_\_\_\_

**THE FOLLOWING QUESTIONS TO BE ANSWERED COMPLETELY BY ALL APPLICANTS.**

|                             |
|-----------------------------|
| VETERANS ORGANIZATION       |
| FATERAL ORGAINIZATION       |
| NON-PROFIT SOCIAL CLUB      |
| RETAIL                      |
| UNCHILLED PACKAGE           |
| CHILLED & UNCHILLED PACKAGE |
| DISTRIBUTOR                 |
| BREWER                      |

1. NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE \_\_\_\_\_

2. RESIDENCE ADDRESS \_\_\_\_\_

3. LENGTH OF RESIDENCE IN WEST VIRGINIA \_\_\_\_\_

4. IS APPLICANT CITIZEN OF THE UNITED STATES? \_\_\_\_\_

IF NATURALIZED, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

5. HAS APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

A VIOLATION OF THE FEDERAL OR STATE LIQUOR LAW? \_\_\_\_\_

A CRIMINAL OFFENSE WITHIN ONE YEAR? \_\_\_\_\_

6. HAS APPLICANT(S) BEER LICENSE BEEN REVOKED WITHIN ONE YEAR PRIOR TO THIS DATE? \_\_\_\_\_

7. IS APPLICANT A STOCKHOLDER OF A CORPORATION WHOSE BEER LICENSE HAS BEEN REVOKED WITHIN ONE YEAR PRIOR TO THIS DATE? \_\_\_\_\_

8. HAS STOCKHOLDER OR DIRECTOR OF A CORPORATION APPLICANT HAD A BEER LICENSE REVOKED WITHIN ONE YEAR PRIOR OF THIS DATE? \_\_\_\_\_

9. IS THE APPLICANT THE WIFE, HUSBAND OR EMPLOYEE OF ANY PERSON WHOSE BEER LICENSE HAS BEEN REVOKED WITHIN ONE YEAR PRIOR TO THIS DATE? \_\_\_\_\_

10. BUSINESS LOCATION – STREET \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

KIND \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

11. DESCRIPTION OF BUSINESS PREMISES \_\_\_\_\_

12. IS APPLICANT THE OWNER OF PREMISES? \_\_\_\_\_ ACTUAL AND BONIFIDE LEESEE? \_\_\_\_\_

13. IF APPLICANT DOES NOT OWN PREMISES, GIVE NAME OF OWNER \_\_\_\_\_

AND ADDRESS OF OWNER \_\_\_\_\_

14. DO BUSINESS PREMISES CONFIRM TO STATE HEALTH LAWS \_\_\_\_\_ AND FIRE REGULATIONS \_\_\_\_\_

15. IS APPLICANT THE ONLY PERSON HAVING GAINFUL OR FINANCIAL INTEREST IN THE BUSINESS? \_\_\_\_\_

16. IF A CORPORATION, GIVE NAME AND RESIDENCE OF EACH OFFICER FOR THE PAST TWO YEARS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. WILL DANCING BE PERMITTED ON THE PREMISES? \_\_\_\_\_

**OATH**

I, \_\_\_\_\_, DO SOLEMNLY SWEAR THAT THE STATEMENTS CONTAINED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.

SIGNED \_\_\_\_\_

STATE OF WEST VIRGINIA,  
COUNTY OF WETZEL, TO WIT:

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR WETZEL COUNTY, WEST VIRGINIA

MY COMMISSION EXPIRES: \_\_\_\_\_

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