

The City of South Charleston
P.O. Box 8597
234 4th Avenue
South Charleston, West Virginia 25303
Phone 304-720-5985 Fax 304-720-5989
www.cityofsouthcharleston.com

Rental License = \$10.00 / Per Building

**Department of Finance and Administration
Application for Commercial Rental License**

Address of Rental Property: _____

Name of Owner: _____

- Individual Owner
- Partnership
- Corporation

Owner Address: _____

Telephone Number: _____

In the case of a partnership, the names, physical addresses, and telephone numbers shall all be provided. In the case of a Corporation, the names, physical addresses and telephone numbers of Corporate Officers shall all be provided.

<u>Officer Title</u>	<u>Name</u>	<u>Physical Address</u>	<u>Phone Number</u>

(If additional space is needed, please use back of this form.)

Operator, Agent, or Manager (represents the Owner on-site)

Name: _____
Physical Address: _____
Telephone Number: _____

The physical address, or official designation, and floor area, in square feet, of each Commercial Rental Unit within the structure (**if applicable**).

<u>Occupant</u>	<u>Occupant Address</u>	<u>Square Feet</u>	<u>Rent Amount</u>

Total Floor Area (in square feet): _____

Amount of Rent Received for Total Structure: _____