

Applicant's Name:

Company Name:

City of South Charleston

P. O. Box 8597 South Charleston, WV 25303 Telephone: 304-720-5985 Fax: 304-720-5989 www.cityofsouthcharleston.com

DEPARTMENT OF FINANCE AND ADMINISTRATION APPLICATION FOR CONTRACTOR LICENSE/ELECTRICAL LICENSE

Location Address:	
Mailing Address:	
Phone Number:	Alternate Number:
Federal ID Number (FEIN):	
Owner's Social Security Number:	
Liability Insurance Company and Account N	umber:
WV State Contractors Number:	
Masters Electrical Number:	
Journeyman License Number:	
COMPENSATION, AND ELECTRICAL LICE	ANCE/WV STATE CONTRACTORS LICENSE, WORKERS ENSE MUST BE ATTACHED TO APPLICATION BEFORE ANY ENSE WILL BE ISSUED
ELECTRICAL FEE APPLIES TO ANYONE THAT CARRIES "ELECTRICAL ONLY" ON THE WV STATE CONTRACTORS LICENSE	
Fees for Contractor New/Renewal License \$15.00	Electrical Only New/Renewal \$15.00
	THE ABOVE ADDRESS. ENSURE THAT ALL INFORMATION IS PLEASE MAKE A COPY FOR YOUR RECORDS.
Signature:	Date: