



**MUNICIPAL LICENSE APPLICATION**

A 1930's  
"New Deal"  
Homestead  
Community

Town  
Of

*Eleanor*

401 Roosevelt Blvd.  
P.O. Box 185  
Eleanor  
West Virginia  
25070

Phone  
(304) 586-2319  
Fax  
(304) 586-2828

**Mayor**  
Walter F. Halstead

**Recorder**  
Lynda S. Casto

**Town Council**  
Eric W. Blankenship  
Michael P. May  
Jack R. McLane  
Ryan C. Powers  
Thomas R. Sheridan

**Trade Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Federal Employer Identification Number:** \_\_\_\_\_

**State License Number:** \_\_\_\_\_

**Please circle category applying to your business:**

<b>General Store</b>	<b>15.00</b>
<b>Special Store</b>	<b>5.00</b>
<b>Accountant</b>	<b>5.00</b>
<b>Attorney</b>	<b>5.00</b>
<b>Barber – Beautician</b>	<b>15.00</b>
<b>Catering</b>	<b>15.00</b>
<b>Construction</b>	<b>15.00</b>
<b>Dentist</b>	<b>15.00</b>
<b>Electrician</b>	<b>15.00</b>
<b>Insurance Agent</b>	<b>15.00</b>
<b>Laundering</b>	<b>15.00</b>
<b>Mechanic</b>	<b>15.00</b>
<b>Plumbing</b>	<b>15.00</b>
<b>Veterinarian</b>	<b>5.00</b>
<b>Video Rental</b>	<b>15.00</b>
<b>Beer</b>	<b>150.00</b>
<b>Wine</b>	<b>150.00</b>
<b>Other</b>	<b>15.00</b>



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**Coin operated Merchandise, Services, Music, Amusement Devises or Vending Machines.**

1 Cent Machines	2.00 ea.	# _____	\$ _____
5 Cent Machines	5.00 ea.	# _____	\$ _____
10 Cent Machines	10.00 ea.	# _____	\$ _____
Over 10 Cents	12.50 ea.	# _____	\$ _____

**Other categories are licensed. If your business does not appear above or if you have any questions pertaining to this application, you may contact the Clerk at the Eleanor Town Hall at (304) 586-2319 or (304) 586-2828-fax**

If you have vending machines at your location, who is the

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Attach your remittance made payable to the Town of Eleanor, and return this completed form to:**

The Town of Eleanor  
P.O. Box 185  
Eleanor, WV 25070

\_\_\_\_\_  
**Applicants Signature** Title Date

**Please return this entire form with your payment. Thank you.**

Date Received \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Cash/Check \_\_\_\_\_  
Receipt Number \_\_\_\_\_