



MUNICIPAL LICENSE APPLICATION

A 1930'S
"NEW DEAL"

HOMESTEAD
COMMUNITY

TOWN
OF

Eleanor

401 ROOSEVELT BLVD.
P.O. BOX 185
ELEANOR, WV 25070

PHONE
304-586-2319

FAX
304-586-2828

MAYOR
C. CAM CLENDENIN

RECORDER
LYNDA S. CASTO

TOWN CLERK
KIM DEWEESE

TOWN COUNCIL
KEVIN L. CHILDERS
JACK R. MCLANE
TERESA HARMON
ADAM L. CHILDERS
TOM SHERIDAN

Trade Name: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____

Federal Employer Identification Number: _____

State License Number: _____

Please check category that applies to your business:

- | | |
|--|-----------------|
| <input type="radio"/> General Store | \$15.00 |
| <input type="radio"/> Specialty Store | \$ 5.00 |
| <input type="radio"/> Accountant | \$ 5.00 |
| <input type="radio"/> Attorney | \$ 5.00 |
| <input type="radio"/> Barber/Beautician | \$15.00 |
| <input type="radio"/> Catering | \$15.00 |
| <input type="radio"/> Construction | \$15.00 |
| <input type="radio"/> Dentist | \$15.00 |
| <input type="radio"/> Electrician | \$15.00 |
| <input type="radio"/> Insurance Agent | \$15.00 |
| <input type="radio"/> Laundering | \$15.00 |
| <input type="radio"/> Mechanic | \$15.00 |
| <input type="radio"/> Plumbing | \$15.00 |
| <input type="radio"/> Veterinarian | \$ 5.00 |
| <input type="radio"/> Beer | \$150.00 |
| <input type="radio"/> Wine | \$150.00 |
| <input type="radio"/> Other | \$15.00 |



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SHERIDAN

Coin operated Merchandise, Services, Music, Amusement Devices or
Vending Machines.

1 Cent Machines 2.00ea. # _____ \$ _____

5 Cent Machines 5.00ea. # _____ \$ _____

10 Cent Machines 10.00ea. # _____ \$ _____

Over 10 Cents 12.50ea. # _____ \$ _____

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 @304-586-2319 or fax 304-586-2828.

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

Owner: _____

Address: _____

Phone Number(s): _____

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

Town of Eleanor

P.O. Box 185

Eleanor, WV 25070

Applicants Signature Title Date

Please return this entire form with your payment. Thank You!

(Office Use Only)

Date Received: _____ Date Paid: _____

Amount Paid: _____ Cash/Check: _____

Receipt # _____