



CITY OF CLARKSBURG

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OFFICE OF
DIRECTOR OF FINANCE

APPLICATION – BUSINESS & OCCUPATION TAX CREDIT CITY OF CLARKSBURG

Please Print or Type

FULL NAME OF BUSINESS _____

CORPORATE NAME _____
(If Different Than Business Name)

BUSINESS LOCAL ADDRESS _____
(Physical Location of Business – Do Not Use PO Box)

MAILING ADDRESS _____
(Where Mail Is To Be Sent)

BUSINESS PHONE# _____ OWNER'S HOME OR CORPORATE
HEADQUARTER'S PHONE # _____

Do you or will you own the structures where your business is conducted?
_____ Yes _____ No

If no, give name, address and telephone number of owner _____

Give a brief description of the business activity you conduct, the type of product sold or service offered.

Date Business Began or will Begin in Clarksburg _____

Type of Business Entity:
Individual _____ Partnership _____ Corporation _____ Other _____
If Corporation, incorporated in what state _____

Application is for _____ New Business
_____ Expansion of existing businesses
_____ Annexation of business into City

Amount of Qualified Investment as Defined in Code Section 745-48

Acquisition of Real Property \$ _____

Improvement to Real Property \$ _____
(Does not include repair)

If property is leased Annual Lease Payments \$ _____
Term of Lease Years _____

List Purchase of Depreciable Personal Property with useful life of 5 years or more. (Per IRS)
Includes vehicles, machinery, equipment, furniture & fixtures)

Total Projected Qualified Investment \$ _____

(Attach to application a detailed breakdown of all costs of qualified investment)

Name and address of Accountant, Bookkeeper, Tax Preparer, if any: _____

If new business, state the number of full-time (40 hours per week) employees to be hired upon opening of the business _____

(Attach summary of projected future employment levels)
(Provide copy of 3 year financial pro forma)

If expanding existing business
Current # of full-time employees _____

State the number of additional full-time employees to be employed immediately after expansion is complete _____

Number of laid off employees to be recalled _____

Estimated Annual Payroll \$ _____

(Attach a summary of projected future employment).

(Provide copy of 3 year financial pro forma).

