



CITY OF CLARKSBURG

222 WEST MAIN STREET, CLARKSBURG, WV 26301 PH. (304) 624-1630 FAX (304) 624-1070

APPLICATION – NEW BUSINESS & OCCUPATION TAX CREDIT CITY OF CLARKSBURG

(All Information Must Be Provided)

Please Print or Type

FULL LEGAL 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
CELL PHONE # _____ HEADQUARTER'S PHONE # _____

Do you or will you own the structure(s) 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 _____ LLC _____ Other _____

If Corporation, incorporated in what state _____

Name of Owner or Principal Officer _____

Please print

Expended Acquisition of Real Property \$ _____

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

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

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

- | | |
|----------|----------|
| 1) _____ | \$ _____ |
| 2) _____ | \$ _____ |
| 4) _____ | \$ _____ |
| 5) _____ | \$ _____ |

Total Investment In New Business \$ _____

Name, address, and phone # 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 _____

Provide estimate of annual gross sales/receipts for 1st year of operation \$ _____

Estimated Annual Payroll \$ _____

Is the business, or any existing or prior business currently owned by the applicant, or any business where the applicant is an officer or partner, delinquent in payment of Business & Occupation taxes and/or Fire Service Fees to the City Yes _____ No _____
(No tax credit will be granted if business is delinquent in payment of City taxes)

If yes, these taxes must be paid immediately

The applicant certifies and attests, to the best of his or her knowledge, that the information provided in the application is true and correct.

The Application Review Process:

Each approved application will be periodically reviewed by the Director of Finance or his agent to determine if the business meets the requirements for continued eligibility for the tax credit.

Submission of this application expressly authorizes the Director of Finance of the City of Clarksburg and/or his agent to confirm statements contained within this application and to review all financial records of the business.

Applicant agrees to supply additional information upon request and the applicant believes that the information contained in and submitted with this application is complete and correct.

Owner Affidavit - Attached

I have read, understand, and agree to the requirements of the tax credit program outlined in the attached Owner Affidavit and agree to abide by these provisions and requirements.

[A signed owner affidavit must be submitted along with this application.](#)

For additional information, please contact the Finance Department at 624-1638, 624-1650, or 624-1630.

Name of Business Applying For Tax Credit

Date

Signature of Applicant

Typed/Printed Name and Title

Upon approval of the application, the applicant will be sent a letter of approval by the Director of Finance.

Owner Affidavit – Business & Occupation Tax Credit

Based on the location of the new business, your business is eligible for a 3 year Business & Occupation tax credit, pursuant to Article 745 of the City’s Business & Occupation tax ordinance.

In order to be eligible and to retain eligibility for the 3 year tax credit I promise and agree as follows:

1. Within 30 days of opening this new business, I shall complete, in its entirety, and sign the application for the tax credit **and provide all truthful and accurate information** on the application. If the completed tax credit application is not returned within thirty (30) days from the date business opened, the business will forfeit its eligibility for the tax credit.
2. To keep current my City of Clarksburg Business License. If I fail to annually renew the license on or before July 1st of each year, the tax credit will be subject to revocation and termination by the Director of Finance.
3. To timely file quarterly Business & Occupation tax returns, to correctly report all gross income derived for each quarter, to correctly calculate the amount of tax due before credit, and pay the balance of any taxes due in year 2 (25%) and year 3 (50%) of the tax credit. If I fail to abide by these provisions, the Director of Finance will have authority under the ordinance to terminate further eligibility for the tax credit.
4. To timely pay City of Clarksburg fire service protection fees. If I fail to do so, the Director of Finance will have authority under the ordinance to revoke the credit.
5. To timely pay any other fees which the business may owe to the City.
6. To provide to the Director of Finance, upon request, any additional business information and allow him access to the financial records of my business.
7. To timely notify the Director of Finance of any change in my business status, closing of the business, or relocation of the business.

I hereby agree to the provisions and requirements outlined in this affidavit, and further agree to abide by the policies and procedures of the business & occupation tax credit program established by the Director of Finance. I understand that if I fail to comply with terms outlined in this affidavit, I may be denied a tax credit or my eligibility for continuation of the tax credit may be revoked by the Director of Finance.

Signature

Print Name

Title

Date