

# APPLICATION FOR TRANSIENT VENDOR LICENSE

This form should always be attached to form **BUS-APP** or **BUS-RBL**. Please type or print. Use blue or black ink to complete this form.

SECTION A: BUSINESS IDENTIFICATION		
LEGAL BUSINESS NAME	FEIN (SSN For Sole Proprietor)	
DBA (Complete Schedule DBA for each additional DBA)		
MAILING ADDRESS		
CITY	STATE	ZIP

SECTION B: BONDING INFORMATION		
SECURITY IN THE AMOUNT OF \$500 MUST ACCOMPANY THIS APPLICATION. PLEASE CHECK TYPE OF SURETY TENDERED AND ATTACH TO FRONT OF FORM.		
<input type="checkbox"/> SURETY BOND <input type="checkbox"/> CASH <input type="checkbox"/> CERTIFIED CHECK <input type="checkbox"/> IRREVOCABLE LETTER OF CREDIT		AMOUNT DUE \$ 500.00
NAME OF SURETY COMPANY OR BANK		
ADDRESS OF SURETY COMPANY OR BANK		
CITY	STATE	ZIP

SECTION C: LOCATIONS AND DATES OF INTENDED SALES IN WEST VIRGINIA			
Notification must be provided to the West Virginia State Tax Department of <b>ALL</b> locations and dates of intended sales prior to entering the State. If the number of locations exceeds three, please attach an additional page that lists the required information.			
1	DATE OF ACTIVITY MMDDYYYY	DESCRIPTION OF ACTIVITY	
	PHYSICAL ADDRESS OF ACTIVITY		
	CITY	STATE	ZIP
2	DATE OF ACTIVITY MMDDYYYY	DESCRIPTION OF ACTIVITY	
	PHYSICAL ADDRESS OF ACTIVITY		
	CITY	STATE	ZIP
3	DATE OF ACTIVITY MMDDYYYY	DESCRIPTION OF ACTIVITY	
	PHYSICAL ADDRESS OF ACTIVITY		
	CITY	STATE	ZIP

SECTION D: SIGNATURE	
<i>I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.</i>	
SIGNATURE OF APPLICANT	DATE
PRINT NAME	TITLE
	SSN

TAX DEPARTMENT USE ONLY				
TRANSIENT VENDOR CERTIFICATE NUMBER		TAX IDENTIFICATION NUMBER		
ISSUE DATE	PERIOD	WV BUS APP	SURETY STATUS	TAX STATUS

