



WEST VIRGINIA
STATE TAX DEPARTMENT
REVENUE DIVISION
P.O. BOX 2666
CHARLESTON, WEST VIRGINIA 25330

APPLICATION FOR DRUG PARAPHERNALIA LICENSE
(CODE 47-19)

Fee: \$150.00 per location

West Virginia Identification Number Name & <u>Business Location Address</u> (As listed on Business Registration Certificate)	West Virginia Identification Number Name & <u>Mailing Address</u> (As listed on Business Registration Certificate)

Number of employees at this location _____
(Attach Drug Paraphernalia Affidavits for each employee selling paraphernalia from this location)

Business Telephone Number _____

Description of Business _____

Applicant's Social Security Number _____ Date of Birth _____

I, the undersigned, swear that I have never been convicted of a drug-related offense.

(Signature of Applicant)

(Date)

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Seal

(Notary Public)

My commission expires _____