



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

DRUG PARAPHERNALIA AFFIDAVIT

(Must be completed by applicant and each employee authorized to sell drug paraphernalia)

WEST VIRGINIA IDENTIFICATION NUMBER
(FEIN or Social Security Number) _____

BUSINESS NAME _____

ADDRESS _____

Employee's Social Security Number _____

Date of Birth _____

Name _____

Home Address _____

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_____

(Notary Public)

SEAL:

My commission expires _____