

**City of Fairmont
Business And Occupation Tax
Application For Job-Related Credit**

Revised 03/01/07

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Date Incorporated Or Licensed In State Of WV	
Company Name & Phone Number & Mailing Address	()
Physical Location	
Business Type:	
Individual <input type="checkbox"/>	Association <input type="checkbox"/>
Corporation <input type="checkbox"/>	Trust <input type="checkbox"/>
Partnership <input type="checkbox"/>	Joint Venture <input type="checkbox"/>
List Partners, Officers, Proprietor by Name, Title and SSN:	
Identification Numbers:	
Federal Employer ID#	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
B&O Tax #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

IMPORTANT NOTICE:
By submission of this form electronically, the applicant and/or business has read and understood all the information provided and certifies, swears, and attests that all the information provided is true and correct.

Describe The Type Of Business Activities* That Will Be Conducted Within The City Of Fairmont:

***Must Show That Business Will Have A Reasonable Capability Of Enduring For At Least Seven Years And That A Minimum Number Of Employees Will Be Working Full-Time During That Entire Seven Year Period.**

How Many Full-Time (Employed At Least Thirty-Five Hours Per Week) Employees* Will Be Working At Or Based At The Fairmont Facility?

<input type="text"/>	<input type="text"/>
Minimum (Guaranteed)	Maximum

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If Currently Registered With The City Of Fairmont, Please Check Your Business And Occupation Tax Business Classification.

If You Are Operating In More Than One Classification, List The Percentage You Operate In Each Category.

Production Of Natural Resources Manufacturer Retailer
 Electric Power Company (Domestic Purposes And Commercial Lighting)
 Electric Power Company (All Other Purposes) Wholesaler
 Natural Gas Company Other Public Utility Contractor
 Banks And Other Financial Institutions Amusement
 Service And All Other Business Rents And Royalties

Is An Investment Tax Credit Presently Being Taken For This Business?
 No Yes If Yes, Date Granted ____/____/____

Qualified Investment (To Be Completed Only If Expanding An Existing Business)

Please List By Category The Total Expanded (At Cost) For The Purpose Of Expansion. The Property Must Have A Usefull Life, Determined As Of The Time The Property Is Placed In Use Or Service In The City By The Taxpayer, Of At Least Four Years. Do Not Include Replacement Property, Motor Vehicles Licensed By The West Virginia Department Of Mototr Vehicles, Airplanes, Off-Premises Transportation Equipment Or Property That Is Used Primarily For Business Outside This City, Or Property Acquired Or Purchased Incident To The Purchase Of The Stock Or Assets Of A Taxpayer Which Had Been Previously Designated Property Purchased For Expansion And So Used To Qualify For A Tax Credit.**

Buildings And Real Estate	\$
Remodeling Costs	\$
Computer Equipment	\$
Communication Equipment	\$
Office Equipment	\$
Other (Specify):	
	\$
	\$
	\$
	\$
Total	\$

**** If The Business Qualifies For The Tax Credit, A Complete List Of All Property That Qualifies For The Credit Including Cost, Expected Life, Model Number, Date Acquired, Description, Etc., Must Be Placed On File In The Finance Department Of The City Of Fairmont.**

If Any Qualifying Property Is Leased, Describe The Property And List The Name, Address And Phone Number Of The Lessor And Detail The Terms Of The Lease:

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If Any Property Was Traded For Qualifying Property, List The Property And The Value For Which It Was Traded:

	\$
	\$
	\$
	\$
	\$
	\$
	\$

Employee History * (To Be Completed Only If Expanding An Existing Business)**

Please List By Calendar Quarter The Total Number Of Full-Time Equivilant Employees Employed At Your Facility During The Previous Three Years:

	Year	Year	Year
1st Quarter (Jan-Mar)	_____	_____	_____
2nd Quarter (Apr-Jun)	_____	_____	_____
3rd Quarter (Jul-Sep)	_____	_____	_____
4th Quarter (Oct-Dec)	_____	_____	_____

***If The Business Qualifies For The Tax Credit, Periodic Inspection Of Payroll Records May Be Required.

Certification:

I Certify That The Information Contained In This Application Is True And Accurate To The Best Of My Knowledge. I Understand That The Credit, if Granted, May Be Terminated Or Decreased For Excessive Lay-Offs And Work Stoppages Caused By Labor, Management Or Natural Causes. The Business Will Make A Good Faith Effort To Continue Operation At Its Fairmont Location For Seven Years From The Date Of Approval Of This Application.

Signature

Title

Date

Date Expansion Completed Or New Business Began _____

Please Return Completed Form To:

Director Of Finance
City Of Fairmont
PO Box 1428
Fairmont, WV 26555-1428

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