



Name

Address

City

State

ZIP

BUS-RBL
Rev 02-24

REISSUANCE OF BUSINESS REGISTRATION CERTIFICATE

Go to mytaxes.wvtax.gov to request a duplicate license, update your information, or change DBA/trade names not printed on your business license from the WV Tax Division. Delays issuing your business license may occur if you fail to submit ALL the pages of this form, fail to complete all required sections, or do not include all required supporting documentation.

SECTION A: REASON FOR SUBMITTING THIS APPLICATION Choose all that apply.

☐ CHANGE LEGAL NAME Complete lines 1, 2, 7 ☐ CHANGE DBA Complete lines 1, 3, 7 ☐ ADD DBA Complete lines 1, 3, 7 ☐ CHANGE LOCATION Complete lines 1, 4, 7 ☐ ADD/REMOVE BUSINESS ACTIVITY Complete lines 1, 6, 7

SECTION B: BUSINESS IDENTIFICATION

1	FEIN		SSN For Sole Proprietor		WV BUSINESS REGISTRATION ACCOUNT #			
2	LEGAL NAME currently on registration (for other locations, send additional BUS-RBL)				NEW LEGAL BUSINESS NAME			
3	DBA currently printed on license to be removed			DBA TO ADD TO LICENSE For DBA/Trade names not on license, complete Schedule DBA				
4	LOCATION CURRENTLY ON REGISTRATION		COUNTRY		NEW LOCATION (NO PO BOXES)		COUNTRY	
	ADDRESS LINE 2		UNIT TYPE	UNIT NUMBER	ADDRESS LINE 2		UNIT TYPE	UNIT NUMBER
5	MAILING ADDRESS CURRENTLY ON ACCOUNT		COUNTRY		NEW MAILING ADDRESS		COUNTRY	
	ADDRESS LINE 2		UNIT TYPE	UNIT NUMBER	ADDRESS LINE 2		UNIT TYPE	UNIT NUMBER
6	CITY		STATE	ZIP	CITY		STATE	ZIP
	ADD OR REMOVE SPECIAL LICENSE CHOOSE ALL THAT APPLY		Add <input type="checkbox"/> Remove <input type="checkbox"/> TOBACCO	Add <input type="checkbox"/> Remove <input type="checkbox"/> DRUG PARAPHERNALIA	Add <input type="checkbox"/> Remove <input type="checkbox"/> COLLECTION AGENCY	Add <input type="checkbox"/> Remove <input type="checkbox"/> TRANSIENT VENDOR	Add <input type="checkbox"/> Remove <input type="checkbox"/> EMPLOYMENT AGENCY	
	AMOUNT DUE \$ 30.00		IF EXEMPT, SELECT ONE: <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> AGRICULTURE OR FARMING <input type="checkbox"/> CHARITABLE ORGANIZATION <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> WITHHOLDING ONLY					
7	SIGNATURE				PRINT NAME			
	EMAIL		PHONE		DATE			

MAIL TO: WEST VIRGINIA TAX DIVISION
TAX ACCOUNT ADMINISTRATION
PO BOX 2666
CHARLESTON WV 25330-2666

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
For more information visit our web site at: tax.wv.gov



B 5 1 2 0 2 4 0 1 W