

## West Virginia Department Of Transportation Division Of Highways

1900 Kanawha Boulevard East Building 5, Room 220 Charleston, West Virginia 25305



Revised: 05/07/24 Application For An Outdoor Advertising License

Name of Business:				
Name of Owner/Responsible	Party:			
Business' Mailing Address:				
City:	State:		ZIP:	
Phone Number:		Alternate Phone Number:		
Email:		_		
Signature:			Date:	
	to engage in the business of O ance with the provisions of Cha		_	
Please answer each of the	following:			
I. Does the applicant reside in the State of West Virginia?			Yes	No
II. Is the applicant's principal place of business located in the		he State of West Virginia?	Yes	No
III. Is the business incorpora	ated outside the State of West	Virginia?	Yes	No
If so, in which state is the	business incorporated?			
	inswered "no" or if item 3 is ar in 14 - Bond of out-of-state licen		a copy of your cu	rrent \$2,500.00 Surety Bond
Date Stamp Here:	ı	FOR OFFICE USE ONLY		
	Check Number:		Fee Received:	\$
	Date Bond Was Received:		Date Issued:	
	Date Mailed:	Date Lice	nse Was Revoked:	
	Reason:			
	License Number:			