

WV/DRUG-1  
REV. 6/92

WEST VIRGINIA  
DEPARTMENT OF TAX AND REVENUE  
INTERNAL AUDITING DIVISION  
P. O. BOX 2666  
CHARLESTON, WEST VIRGINIA 25330  
(304) 558-8500

FEE  
\$150.00  
PER LOCATION

APPLICATION FOR DRUG PARAPHERNALIA LICENSE  
(CODE 47-19)

West Virginia Identification Number, Name & Business Location Address (As listed on Business Registration Certificate)	West Virginia Identification Number, Name & Mailing Address (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 \_\_\_\_\_, 19 \_\_\_\_\_.

SEAL: \_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_