

Grant County Chamber of Commerce

126 South Main Street, Petersburg, WV 26847

304 257-2722

Business Profile / Application

Please Print



Business Name: _____

Street Address: _____

Mailing Address: _____

City / State / Zip: _____

Business Type: (check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Other Lending company | <input type="checkbox"/> Beverage Distributor | <input type="checkbox"/> Food Distributor |
| <input type="checkbox"/> Mineral Production | <input type="checkbox"/> Gas Company | <input type="checkbox"/> Electric power company | <input type="checkbox"/> Supermarket |
| <input type="checkbox"/> Large Chain Store | <input type="checkbox"/> Telephone Company | <input type="checkbox"/> Hospital (multiple locations) | <input type="checkbox"/> Wind Power |
| <input type="checkbox"/> Vehicle Dealer – New | <input type="checkbox"/> General Contracting | <input type="checkbox"/> Sm. / Med. Chain Store | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Oil / gas Distributing | <input type="checkbox"/> Insurance | <input type="checkbox"/> Lumber Mill |
| <input type="checkbox"/> Building Supply | <input type="checkbox"/> Manufacturer / Fabricator | <input type="checkbox"/> Hotel / Motel / Cabins | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Medical Doctor/Surgeon | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Optician | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Accountant | <input type="checkbox"/> Hospital (one location) | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Wholesale Hardware | <input type="checkbox"/> Other Wholesaler | <input type="checkbox"/> Property Rental |
| <input type="checkbox"/> Radio Station | <input type="checkbox"/> Freight Company | <input type="checkbox"/> Manufactured Homes | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Caverns / Attractions | <input type="checkbox"/> Retail Store (any type – more than 5 employees) | |
| <input type="checkbox"/> Vehicle Dealer – Used | <input type="checkbox"/> Land Sales | <input type="checkbox"/> Heat / AC Contractor | <input type="checkbox"/> Repair Shop |
| <input type="checkbox"/> Electric / Plumb Contractor | <input type="checkbox"/> Auto Parts Dealer | <input type="checkbox"/> Machine shop | <input type="checkbox"/> Dry Cleaner |
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Excavating |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Health Club / Gym | <input type="checkbox"/> Vending Machines | <input type="checkbox"/> Taxidermist |
| <input type="checkbox"/> Trucking | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Web Designer | <input type="checkbox"/> Florist |
| <input type="checkbox"/> Retail Store (any type – less than six employees) | | | |
| <input type="checkbox"/> Home-Based Direct Sales | <input type="checkbox"/> Hair Salon | <input type="checkbox"/> Barber Shop | <input type="checkbox"/> Farming |
| <input type="checkbox"/> Civic Organization | <input type="checkbox"/> Veteran's Organizations | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Churches |
| <input type="checkbox"/> Friend of the Chamber | <input type="checkbox"/> 501(c)3 Organization | <input type="checkbox"/> Second Business ** | |
- Other – Describe (for board review): _____

** Confirmed same ownership

Sole Proprietorship Partnership Corporation Government Agency Individual

Owner's Name: _____ Date Business Established: _____

Contact Person: _____ Contact Title: _____

Work Phone: _____ Web Site Address: _____

Fax Number: _____ E-mail: _____

Signature / Date: _____

For Chamber Use Only

Application Taken By: _____ Date: _____

Date Application Received in Office: _____ Membership Chair: _____

Dues Category / Amount: _____ Date Dues Payment Received: _____