

# State of West Virginia

## Board of Hearing Aid Dealers

167 11<sup>th</sup> Ave, WV 25303 304-542-7595 wwear@aol.com

### Application for Company License

Form of Organization: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Trust \_\_\_\_\_  
Association \_\_\_\_\_ Other (explain) \_\_\_\_\_

Company Name: \_\_\_\_\_

DbA (Doing Business As): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If your company is a corporation, please provide the following information.

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

President: \_\_\_\_\_ Home Address: \_\_\_\_\_

Vice President: \_\_\_\_\_ Home Address: \_\_\_\_\_

Secretary: \_\_\_\_\_ Home Address: \_\_\_\_\_

If a Partnership:

List names and home addresses of all partners (use another sheet if necessary)

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Any remarks or explanations: \_\_\_\_\_

Signature of responsible officer \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT IN FULL MUST ACCOMPANY ALL LICENSES AND PERMITS:

MAKE CHECKS PAYABLE TO: **Board of Hearing Aid Dealers**