



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BUS-RBL**  
 Rev 02-21

**REISSUANCE OF BUSINESS  
 REGISTRATION CERTIFICATE**

Go to [mytaxes.wvtax.gov](http://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 Department. 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. Taxpayers required to file electronically will no longer receive returns for the tax types subject to the mandatory requirement by mail.

**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		NEW LOCATION (NO PO BOXES)
	ADDRESS LINE 2	UNIT TYPE	UNIT NUMBER
	CITY	STATE	ZIP
5	MAILING ADDRESS CURRENTLY ON ACCOUNT		NEW MAILING ADDRESS
	ADDRESS LINE 2	UNIT TYPE	UNIT NUMBER
	CITY	STATE	ZIP
6	ADD OR REMOVE SPECIAL LICENSE CHOOSE ALL THAT APPLY	Add Remove <input type="checkbox"/> <input type="checkbox"/> TOBACCO	Add Remove <input type="checkbox"/> <input type="checkbox"/> DRUG PARAPHERNALIA
		Add Remove <input type="checkbox"/> <input type="checkbox"/> COLLECTION AGENCY	Add Remove <input type="checkbox"/> <input type="checkbox"/> TRANSIENT VENDOR
7	<b>AMOUNT DUE</b> \$ 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
	SIGNATURE	PRINT NAME	
	EMAIL	PHONE	DATE

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT  
 TAX ACCOUNT ADMINISTRATION DIVISION  
 REGISTRATION & ACCOUNT CORRECTION UNIT  
 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](http://tax.wv.gov)



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