

DRUG PARAPHERNALIA AFFIDAVIT

Must be completed by applicant and each employee authorized to sell drug paraphernalia

SECTION A: BUSINESS IDENTIFICATION			
1	LEGAL BUSINESS NAME		FEIN (SSN For Sole Proprietor)
	DBA (Complete Schedule DBA for each additional DBA)		
SECTION B: EMPLOYEE INFORMATION			
2	PHYSICAL ADDRESS OF BUSINESS NAMED ABOVE No Post Office Boxes		
	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MMDDYYYY)	NAME	
HOME ADDRESS			
CITY			STATE ZIP
SECTION C: SIGN AND NOTARIZE			
<i>I, THE UNDERSIGNED, SWEAR THAT I HAVE NEVER BEEN CONVICTED OF A DRUG-RELATED OFFENSE.</i>			
SIGNATURE OF APPLICANT		DATE	
TAKEN, SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON THIS DATE : _____ MY COMMISSION EXPIRES ON: _____ _____ NOTARY PUBLIC		(NOTARY SEAL)	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
TAX ACCOUNT ADMINISTRATION DIVISION
REGISTRATION & ACCOUNT CORRECTION UNIT
PO BOX 2666
CHARLESTON WV 25330-2666

