



Privilege License Application

336.883.3205

Application must be completed, signed and returned with remittance.
The following information must be furnished before license will be issued.
 (Please Type or Print)

License Year:
Reference No:
License No:

(1) _____
 Business/Trade Name Parent Corporation (If Applicable)

(2) _____
 Business Address

(3) _____
 Mailing Address

(4) Check One: Individual Partnership Corporation LLC (5) _____
Standard Industrial Classification Code (SIC)

(6) _____
 Owner's Name Home Address City State Zip

_____ Home Address City State Zip

(7) _____
 Business Phone Manager's Name Contact Phone Number

(8) Does Firm Own Building? Yes No Property Owner _____

(9) Fiscal Year Ending _____ Number of Employees _____ Business Start Date _____

(10) Nature of Business (explain) _____

License Classification	Section Fee
Total License Fee	
Penalty (if Applicable)	
Total Amount Due	

**By signing this application, it is understood by the applicant that the issuance of a business license hereunder does not constitute acceptance or approval of the use of the above named location as having complied with existing building codes, fire prevention code or zoning code. A licensee shall remain fully liable and responsible for bringing the premises in conformity with all applicable City and State Codes.

 Signature of Owner/Officer Title Date