

TOWN OF BOONE  
PRIVILEGE LICENSE APPLICATION  
PO BOX 192  
BOONE NC 28607  
PHONE: 828-268-6210 Fax: 828-268-6217

Date of Application: \_\_\_/\_\_\_/\_\_\_

Date: \_\_\_\_\_  
Lic.# \_\_\_\_\_

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

Federal Tax Payer Id: \_\_\_\_\_

**Business Address:**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

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

**Mailing Address:**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Type: \_\_\_ Individual \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Other

Completely describe your business. Include all activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a State License for your business: \_\_\_\_\_ yes \_\_\_\_\_ no

**OWNERS/OFFICERS INFORMATION:**

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title : \_\_\_\_\_ SSN# \_\_\_\_\_  
(Optional)

**Mailing Address:**

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

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

Drivers License# \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**LICENSE INFORMATION ( For Office Use Only)**

G.S. No. \_\_\_\_\_ \$ \_\_\_\_\_

Do you need a alcohol license: \_\_\_\_\_ yes \_\_\_\_\_ no

**ACKNOWLEDGEMENT:**

The statements made in the foregoing application are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Tax Collector / Deputy Tax Collector

**\*\*\*NOTICE\*\*\***

THE NORTH CAROLINA PRIVILEGE LICENSE IS A TAX THAT IS ON THE PRIVILEGE OF ENGAGING IN A PARTICULAR OCCUPATION OR BUSINESS ACTIVITY WITHIN THE TAXING JURISDICTION. THIS LICENSE DOES NOT PERMIT YOU TO CONSTRUCT, OCCUPY, RENOVATE OR EXPAND ANY POTENTIAL BUSINESS LOCATION. THE LICENSE OR PERMIT IS REQUIRED TO CARRY OUT THE ABOVE MENTIONED ACTS MUST BE OBTAINED FROM THE TOWN OF BOONE DEVELOPMENT SERVICES DEPARTMENT, AT 1510 BLOWING ROCK RD, BOONE, NORTH CAROLINA. FOR INFORMATION PLEASE CALL 828-268-6960