



# TOWN OF MATTHEWS

TRADITIONAL VALUES • PROGRESSIVE LEADERSHIP

## PRIVILEGE LICENSE APPLICATION

<b>FOR OFFICE USE ONLY</b>	
License #	_____
Approval Date:	_____
Approved By:	_____

<b>Application Date:</b> _____	<b>Start Date of Your Business Activity:</b> _____
--------------------------------	--

<b>Business Ownership Type:</b>	<input type="checkbox"/> Corporation (Including LLC's and S Corps)	<input type="checkbox"/> Sole Proprietorship/Partnership
---------------------------------	--	--

**Corporation Name or Business Owner's Name:** \_\_\_\_\_

**DBA (Doing Business As) Name:** \_\_\_\_\_

**Physical Address of Business Location:** Note (Include any suite or apartment #, city, state, & zip code) Do not use a P.O. Box # as your physical business location

**Federal Tax Identification:** \_\_\_\_\_ **North Carolina State Occupation/Board License Number** \_\_\_\_\_

**Business Correspondence Mailing Address:** (Include any suite or apartment #, city, state & zip code)

**Business Location Telephone Number:** \_\_\_\_\_ | **Cell Phone Number:** \_\_\_\_\_ | **Fax Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Provide a detail description of your business activities:**

**Do you have other businesses that you are operating in Matthews?**

**If yes, list business locations:**

### Primary Contact Information:

**Contact's Name** \_\_\_\_\_ | **Relationship to Business:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ | **Email Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ | **Cell Phone Number:** \_\_\_\_\_ | **Fax Number** \_\_\_\_\_

Signature of person making application \_\_\_\_\_

Print name of person making application \_\_\_\_\_

Classification Code	_____
Subtotal	_____
Penalty	_____
Total Due	_____
Check/Cash	_____