



# Town of Wilkesboro

## PRIVILEGE LICENSE APPLICATION

203 West Main Street  
PO Box 1056 Wilkesboro, NC 28697  
p (336)838-3951 Ext. 233  
f (336)838-7616

Date: _____
Lic. # _____

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

### Instructions

- To obtain a privilege license, this application and required attachments must be legible and completed in full.
- 105-236. Penalties.** Penalties assessed by the Secretary under this Subchapter are assessed as an additional tax.  
(2) Failure to Obtain a License. - For failure to obtain a license before engaging in a business, trade or profession for which a license is required, the Secretary shall assess a penalty equal to five percent (5%) of the amount prescribed for the license per month or fraction thereof until paid, not to exceed twenty-five percent (25%) of the amount so prescribed, but in any event shall not be less than five dollars (\$5.00).
- Any changes to ownership, address, or numbers should be reported within 10 business days. A \$5 fee will be charged to reissue the license reflecting the changes.

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Do not use a P.O. Box City, State, Zip \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_ State Sales Tax ID No. \_\_\_\_\_

State Contractor License Held: \_\_\_\_\_ License # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Building Owner's Name \_\_\_\_\_ Building Owner's Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Relationship to Business: \_\_\_\_\_

Is your business located in the Wilkesboro Town Limits?  No  Yes

Type of Business:  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation  Home Based Occupation

Does your business sell Alcoholic beverages?  No  Yes ( If Yes Indicate Type )  Beer/Wine  Wine  Beer  
 On Premises  Off Premises

Does your business have more than one location in Wilkesboro  No  Yes ( If yes, list locations on line below. Attach list if additional space is needed.)

Nature of Business:  Manufacturer  Retail  Services  Wholesale  Restaurant Seating Capacity \_\_\_\_\_  Other

Completely describe your business. Include all activities. Attach additional sheets if necessary: \_\_\_\_\_

Date Business Began or will Begin in Wilkesboro \_\_\_\_/\_\_\_\_/\_\_\_\_

Will there be any additions, or repairs to the building space, such as: remodeled work, new signage or signage alterations, or site work?  
 Yes  No \*If checked, a permit may be required prior to work being started. Please inquire with the Planning Department.

The undersigned applicant certifies that the information provided within this application is correct and accurate. The applicant acknowledges that his/her privilege license is subject to suspension or revocation if false or misleading information is provided.

Applicant's Signature \_\_\_\_\_  
Applicant's Printed Name \_\_\_\_\_  
Applicant's Title \_\_\_\_\_  
Date \_\_\_\_\_

**~Town Use Only~**

License Code(s): \_\_\_\_\_ License Fee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Fee Due: \$ \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Received by \_\_\_\_\_

**Utilites Department (336)838-3951 ext. 233**

Approve  Deny

Water/Sewer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**Planning Department (336)838-3951 ext. 241**

Approve  Deny

Zoning \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**Fire Inspection (336)838-3951 ext. 235**

Approve  Deny

Zoning \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_