

**TOWN OF CARRBORO
PRIVILEGE LICENSE APPLICATION**

NEW _____

RENEWAL _____

ASSIGNED ACCT # _____

Date of Application _____ Expected Date of Opening _____ License Tax Year _____

Name of Business _____ Fed Tax ID#/SS# _____

(Sole Proprietorship should indicate the owner's name)

(Privileged & Confidential)
(Used for collection of tax if necessary)

Doing business as (DBA): _____

Type of Business Ownership _____ Corporation _____ Sole Proprietor or Partnership _____ Other (specify) _____

Business' Physical Address _____

Billing Address _____

Cell Phone _____ Home Phone _____ Business Phone _____

Owner's Name (Print Legibly) _____ Signature _____ Date _____

Is your business premises open to the general public? Yes No

Is your business located in the Town of Carrboro? Yes No Is your business home-based? Yes No

Number of Employees _____ Will your business have a sign on the property? Yes No

Is your business buying an existing business? Yes No If yes, name of business you are acquiring? _____

Note: Business licenses are not transferable. A new license must be issued for the new business owner.

Is your business buying the assets of an existing business? Yes No

If your business is exempt, do you have retail sales? Yes No If yes, please indicate your gross sales amount on the fee schedule.

Completely describe your business, including all activities involved: _____

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO RENEW HIS LICENSE PRIOR JULY 1 OF EACH FISCAL YEAR. ALSO, PLEASE NOTIFY US OF ANY ADDRESS CHANGES THROUGHOUT THE YEAR.

Affidavit Section - Only applies to businesses with fees based on gross receipts.

The amount reported as gross receipts is on a business' prior state income tax return or estimated gross for the fiscal year, reporting only gross receipts gained within the Town of Carrboro. The law provides that satisfactory evidence shall be furnished showing the facts on which retail and wholesale license(s) are based. A request may be made to present an operating statement or other records reflecting gross sales before and after the license is issued.

I affirm under penalties described by law, that I have examined this renewal and statement, and that to the best of my knowledge and belief, it is true, complete and made in good faith for the taxable period stated pursuant to the Town of Carrboro Privilege License Tax Ordinance.

Owner's Name (Print Legibly) _____ Signature _____ Date _____

Approval Process (Only for Businesses Physically Located in the Town of Carrboro)

This form will be sent to the appropriate departments, which is necessary to ensure that you comply with applicable town ordinances prior to the opening of your business. The approval process of your privilege license should be ready within 10 working days from the filing of your application, unless one of these officials has questions and/or is unable to contact you. You will be notified when your application is approved, at which time you will pay the applicable fees, then given a license to operate.

_____ Inspections _____ Police Chief _____ Comm. & Econ. Director _____ Fire Marshal _____ Zoning Admin.
_____ In Compliance _____ Non-compliance

Comments: _____

Dept. Approval signature and date: _____ (Date) _____

Remit to:
Town of Carrboro
Privilege License Unit
301 W. Main Street
Carrboro, NC 27510

Phone: (919) 942-8541, 918-7316
Fax: (919) 968-7745
Email: jbowden@townofcarrboro.org
TDD 1-800-826-7653

Payment Options: Check, Cash,
Credits Cards (Visa, Mastercard)
(Make credit card payments in person only)