

Privilege License Application

OFFICE USE ONLY:
Lic.#: _____
SIC Code: _____
INV #: _____

Town of Zebulon
1003 N. Arendell Avenue
Zebulon, NC 27597
(919) 269-7455 Ext 1804 or 1810

OFFICE USE ONLY:
Amount Paid \$ _____
Circle One: CASH MO CHECK
Received By: _____
Date Received: _____

Date of Application ____/____/____

License Year Beginning July 1, ____

Please Print Clearly

New Application Renewal Ownership Change Name Change Address Change (Current Licensees should indicate license number.)

1. Business Name (Indicate business trade name or D/B/A name.) _____

2. Corporate Name (Sole proprietorships should indicate the owners name) _____

3. Physical Address of Business Location. (NO P.O. Boxes) Suite # City State Zip

4. Business Mailing Address (if different from above) EMAIL ADDRESS: _____

5. () Business Phone () Fax Number () Other

6. SS# _____ or EIN # _____ Or TIN # _____
(Federal Tax Id Number)

7. Type of Business Ownership Corporation (including LLC and S Corp) Sole Proprietor Partnership Other _____

8. Date Business began or will begin in Zebulon ____/____/____

9. Is your business located in the Town Limits? Yes No

10. Is your business Home Based? Yes No (If Yes, please complete Home Occupation Verification Form.)

11. Completely describe your business, including all activities. _____

12. Does your business sell alcoholic beverages? Yes No (If Yes, please indicate on reverse side.)

13. Does your business have more than one location in the Town of Zebulon? Yes No (If yes, please list all locations below.)

14. Does your business Own Rent at it's location? Who is the Landlord? _____ Phone _____
Address _____

15. State Contractor License Held _____ License # _____
(ATTACH COPY OF LICENSE)

16. **Applicant Information: This person will be the primary contact for the business. Sole Proprietorships should indicate owner here.**
Last Name: _____ First Name: _____ MI: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone#: () _____ Relationship to Business: _____ NCDL# _____

17. **Emergency Contact Information (if different from #16)**
Last Name: _____ First Name: _____ MI: _____
Phone #: () _____ Relationship to Business: _____

(For Office Use Only) **Zoning Compliance Certification**

Zoning of Property: _____

_____ Town Limits or ETJ _____ Use is allowed in Zoning District _____ Use complies with Zoning Ordinance

Comments: _____ Contractor Lic. Check _____

Planning Department approval: _____ Date: _____