

# TOWN OF CHADBOURN, N.C.

## Privilege License Application

|   |  |   |                      |     |
|---|--|---|----------------------|-----|
| Business Name   |  | Federal ID #  |                      |     |
| Business Telephone  |  | Fax #   | E-mail Address       |     |
| Mailing Address   |  | City  | State                | Zip |
| Business Type   |  | Chain Store: <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |     |
| Products Sold:  |  |   |                      |     |
| 911 Location  |  |   |                      |     |
| Owner/Manager's Name  |  | Driver's License #  | Date of Birth        |     |
| Telephone #   |  | Fax #   | E-mail Address       |     |
| Mailing Address   |  | City  | State                | Zip |
| Property Owner/Realtor Name   |  |   | Telephone #          |     |
| Mailing Address   |  | City  | State                | Zip |
| Change of Occupancy (CO): <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |                      |     |
| If yes, has certificate of CO been obtained and building inspection performed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |                      |     |
| * If doing new construction or remodeling, applicant needs to contact Columbus County Building Inspector's Office and may be required to purchase plumbing, electrical, and mechanical and other special use permits. |  |   |                      |     |
| _____<br><b>Applicant Signature</b>   |  |   | _____<br><b>Date</b> |     |

OFFICE USE ONLY

Privilege Tax on each item \_\_\_\_\_

TAX DEPARTMENT

I hereby certify that the above applicant has received a privilege license for the described business.

\_\_\_\_\_  
**Tax Collector**

\_\_\_\_\_  
**Date**