

DATE \_\_\_\_\_  
LIC # \_\_\_\_\_



FOR OFFICE USE  
ONLY  
AMT PAID \$ \_\_\_\_\_  
REP NAME \_\_\_\_\_

**CITY OF LAURINBURG**  
PRIVILEGE LICENSE APPLICATION  
PO BOX 249  
LAURINBURG, NC 28353  
(910) 276 -1521

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

LICENSE YR BEGINNING \_\_\_\_/\_\_\_\_/\_\_\_\_

NEW APPLICATION     RENEWAL     OWNERSHIP CHANGE     OTHER

Business Name (Include Business Trade Name or DBA name) \_\_\_\_\_

Federal ID/Tax EIN or Identification \_\_\_\_\_

Corporate Name (Sole Proprietorships should indicate owner's name) \_\_\_\_\_

Physical Address of Business Location \_\_\_\_\_

(Please include suite or apartment #- Do not use PO #s)

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

(If different from above)

Email \_\_\_\_\_ Web/Http: Address \_\_\_\_\_

State Contractor's License \_\_\_\_\_ License # \_\_\_\_\_

NC ABC Commission \_\_\_\_\_ Application # \_\_\_\_\_ Permit # \_\_\_\_\_ Expir Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Malt Beverage On premise? \_\_\_\_\_ Fortified/Unfortified Wine \_\_\_\_\_ On Premise ? \_\_\_\_\_

Is your business located within City of Laurinburg limits? Yes No Do you solicit or advertise within city limits? Yes No

Is your business home based? Yes No Have you complied with zoning first? Yes No

Is this a chain store? Yes No Active military? Yes No

Completely describe the context of your business including all activities (For example: if operating a salon, will you also retail?)

If restaurant, number of tables? \_\_\_\_\_ Five or more Seats? \_\_\_\_\_

Vending machines? Yes No If yes, number and type? \_\_\_\_\_

Sundries? \_\_\_\_\_

Business Ownership Type

Corporation \_\_\_\_\_ Including LLC's and S Corp) Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

**Applicant/Agent Information**

(Sole proprietorships should indicate owner name here)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Relationship to Business \_\_\_\_\_

Emergency Contact Information (Name) \_\_\_\_\_

Address \_\_\_\_\_ Phone/Email \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ If rent, landlord name and contact information \_\_\_\_\_

Zoning Compliance \_\_\_\_\_ Please attach copy of applicable permits.

Tax Office Compliance \_\_\_\_\_