

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2008

TOWN OF FRANKLIN
188 WEST MAIN STREET
FRANKLIN, NC 28734

This Application with remittance in full must be completed and returned with full payment on or before **06/01/2008**.
If no longer in business, please so indicate and return the application.

PHONE: 828-524-2516 FAX: 828-524-4540

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
ADDRESS: _____

ADDRESS 2: _____
CITY, ST., ZIP: _____
PHONE: _____
FAX: _____
LOCATION: _____
BUSINESS CLASS: _____
RESP. PERSON: _____
DRIVER'S LICENSE #: _____

TAX ID NUMBER: _____

BUSINESS DESCRIPTION:

Total Fee \$ _____

Total Payment \$ _____

Signature

Title

Date

PLEASE NOTE: