

**APPLICATION FOR BUSINESS LICENSE FOR THE FISCAL YEAR 2011
(JUNE 1ST, 2011 – MAY 31ST, 2012)**

TOWN OF FRANKLIN
P.O. BOX 1479
FRANKLIN, NC 28744

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

BUSINESS NAME AND MAILING ADDRESS

NAME: _____

PHONE: _____

PHYSICAL ADDRESS: _____

FAX: _____

MAILING ADDRESS: _____
(IF DIFFERENT)

LOCATION: _____

CITY, ST, ZIP: _____

BUSINESS CLASS: _____

RESPONSIBLE PERSON: _____

DRIVERS LICENSE #: _____

*TAX ID NUMBER: _____

* Provision of your social security number is voluntary. The Town of Franklin will not deny you a privilege license based on your refusal to supply your social security number.

The social security number will be used to facilitate collection of privilege license if you do not timely and voluntarily pay. Using the social security number or tax id number will allow the tax collector to claim payment of any unpaid tax bills from any state income tax refund that might be owed to you. Social security number may also be used to garnish wages and/or attach bank accounts to collect payment for these and any other obligations owed to the Town of Franklin.

Your social security number may also be shared with other local governments and other departments of this local government to facilitate the collection of utilities, taxes, and any other obligations.

EMERGENCY CONTACT NAME AND ADDRESS: _____

PHONE #: _____

BUSINESS DESCRIPTION: _____

TOTAL FEE \$ _____

SIGNATURE

TITLE

DATE

PLEASE NOTE: There will be a minimum 3 day waiting period while the town verifies the required zoning information for compliance under the Unified Development Ordinance. Any restaurant or food service vendor must submit copy of health permit with application.