



NAICS# \_\_\_\_\_  
BL# \_\_\_\_\_  
BL AMT \$ \_\_\_\_\_  
ZONING AMT \$ \_\_\_\_\_

**City of Mount Holly**  
**Application for Privilege License**  
**License Year Beginning July 1, 20\_\_**

**Notice:** For license renewal, please return this form no later than May 1<sup>st</sup> to:  
City of Mount Holly, P.O. Box 406, Mount Holly, N.C., 28120

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ New: \_\_\_\_\_  
\_\_\_\_\_ Renewal: \_\_\_\_\_  
City State Zip

Local Business Address: \_\_\_\_\_

To conduct the following business:

Merchant or Dealer: Wholesale \_\_\_\_\_ Retail \_\_\_\_\_ Peddler \_\_\_\_\_

Type of business: \_\_\_\_\_ (i.e. electrician, plumbing, etc)

The following information must be furnished before the license will be issued:

Check One: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If Individual or Partnership, list names and addresses below. If Corporation, list the names and addresses of the President and Secretary below.

(A) \_\_\_\_\_

(B) \_\_\_\_\_

Phone No.: Business \_\_\_\_\_ Other \_\_\_\_\_

Name of business manager: \_\_\_\_\_

List any other names (Corporate or Other) used: \_\_\_\_\_

List names and addresses of any other businesses you own or are associated with: \_\_\_\_\_

If new business, state exact date operation began: \_\_\_\_\_

Name of previous business located at this address, if known/applicable: \_\_\_\_\_

Number of employees, Part-Time and Full-Time (including owner), as of July 1<sup>st</sup>: \_\_\_\_\_

If contractor, list NC License #: \_\_\_\_\_ If Restaurant, List No. of Seats: \_\_\_\_\_

If Hotel or Motel, List No. of Rooms \_\_\_\_\_ If Manufacturing, List No. of Employees: \_\_\_\_\_

*If manufacturing or assembling of any item or commodity/tax based on number of employees including office and owners.*

“By signing this application, it is understood that the applicant that the issuance of a privilege license hereunder does not constitute acceptance or approval of the use of the above named location as having compiled with existing zoning regulations, building codes and/or fire protection code. A Licensee shall remain fully liable and responsible for bringing the premises in conformity with all applicable City and State Codes.”

I solemnly swear or confirm that the statements made in the foregoing application are true to the best of my knowledge and belief.

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_  
Title (Officer or Owner)

Zoning: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_