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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 1st 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 1st: _____

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 _____