

Application for Privilege License

Town of Wallace
Attn: Tax Collector
P.O. Box 849
316 E. Murray Street
Wallace, NC 28466
910/285-4136

Office Use Only: PL Acct#: _____

In accordance with the Town of Wallace Ordinances, Chapter 110, to conduct any business within Town corporate limits, every business owner must complete the following application and attach copy/s of any North Carolina State licensing required (i.e. beer and wine, salon, cosmetologists, barber, contractor, taxi etc.)

(Check One)

New Application: ___ **Name/Address Change:** ___ **Renewal:** ___ **Date:** _____

(Check One)

Type of Entity: **Individual:** ___ **Partnership:** ___ **Corporation:** ___ **State License#:** _____ (If required)

Business Name: _____

Corporate Name: (If different from Business Name) _____

Owner's Name/s: _____ **Driver's Lic. #:** _____

Business Location: _____
(Please give the physical location of the business)

Mailing Address: _____
(All correspondence will be sent to this address)

Business Phone: _____ **Owner Phone:** _____

Fax #: _____ **Email Address:** _____

Social Security #: _____ **Federal Tax ID#:** _____
(SSN# is mandatory per Fed Statute 42 USC 405 © (1) and may be used for the purpose of collecting owed taxes.)

Is this a retail business? Yes ___ No ___ **If so, list in detail all items to be sold or services.**

If Hotel or Motel, list number of rooms: _____ If restaurant, state seating capacity: _____
If Taxi, what is certificate number: _____ If Day Care, list number of children: _____
If Beauty Salon, list number of Operators: _____ (Attach copy of current Salon License)
Does the business sell Beer? Yes ___ No ___ On Premises? Yes --- No ___
Does the business sell Wine? Yes ___ No ___ On Premises: Yes ___ No ___
(Current ABS permit must be attached to this application if any intoxicating beverages are sold.)

I hereby understand that the issuance of a business license does not constitute acceptance or approval of the use of the above named locations as having complied with existing building codes, fire prevention code, zoning code, and city ordinance of state law. I remain fully responsible for bring the premises in conformity with all applicable Town and State Coded. I further understand by signing this agreement that the business license must be approved before the business can open and if not renewed when applicable, the business license can be revoked, and the business can be closed.

Signature: _____ **Date:** _____

*****Town of Wallace Use Only*****

Zoning District: _____ **Is the proposed use permitted:** Yes ___ No ___

Application Approved: _____ **Application Denied:** _____ **All Permits attached:** _____

Signature of Town Manager/Zoning Officer: _____ **Date:** _____