

APPENDIX: PRIVILEGE LICENSE APPLICATION FORM

**Privilege License Application
Town of Tryon, N.C.**

NAME OF BUSINESS: _____

BUSINESS ADDRESS:
MAILING ADDRESS:

IS BUSINESS A: () INDIVIDUAL
(Check One) () PARTNERSHIP
() CORPORATION
() OTHER ENTITY

NATURE OF BUSINESS: _____

IS BUSINESS REGULATED BY A STATE OCCUPATIONAL LICENSING BOARD?

() YES () NO

IF YES, GIVE THE STATE LICENSE SERIAL NUMBER:

1ST LICENSE # _____
2ND LICENSE # _____
3RD LICENSE # _____
4TH LICENSE # _____

THE FOLLOWING ACTIVITIES PERTAIN TO MY BUSINESS:

<u>ACTIVITY</u>	<u>LICENSE TAX</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

\$ _____

I do solemnly affirm that the statements made in the foregoing application are true to the best of my knowledge and belief.

NAME: _____

TITLE: _____

- * Please send check together with application.
- * Make check payable to the Town of Tryon.
- * License will be issued upon receipt of payment.
- * For further information call (704) 889-6654 or write: Town of Tryon, Town Manager, Drawer K, Tryon, NC 28782

G.S. §105-109 - All licenses shall be paid on or before the first of July of each year or at the date of engaging in such business. If not paid by the first day of July as stated, an additional tax of 6% will be Imposed for each and every 30 days or fraction thereof.