

TOWN OF ERWIN  
PO BOX 459, 100 WEST F ST., ERWIN, NC 28339  
(910)897-5140

(2013 Jan)

## PRIVILEGE LICENSE APPLICATION

Corporate Name (Sole Proprietorship should indicate the owner's name)

D/B/A (Doing Business As) Name

Physical Address of Business Location (Include street name and number and any suite or apt#. Do not use PO Box#)

State Contractor or Professional License Held: \_\_\_\_\_ License# \_\_\_\_\_

Business Correspondence Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business Location Telephone # Secondary Telephone # Fax #

Is your business located in the Town of Erwin Town limits? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is your business home based? \_\_\_\_\_ YES \_\_\_\_\_ NO Email Address: \_\_\_\_\_

Completely describe your business, including all activities involved. \_\_\_\_\_

Type of business ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Sole Proprietor or Partnership Other \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

**Application Information:** This person will be the primary contact for the business. Sole Proprietorship should indicate the owner here:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle I.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Address City State Zip

Home Telephone# (\_\_\_\_\_) \_\_\_\_\_ Relationship to Business \_\_\_\_\_

Social Security# \_\_\_\_\_ Do you wish to renew this license annually? \_\_\_\_\_

I hereby certify that I have made inquiry concerning the regulations of the Town of Erwin and that the business to be conducted will fully comply with the requirements and with all Town ordinances and State laws regarding same. I understand that I am subject to periodic inspections in accordance with NC General Statute 160-424. In accordance with Chapter 2, Article B, Section 2 of the Town of Erwin Code of Ordinances, this ordinance is enacted for revenue purposes only. In addition, issuance of a license in accordance with this ordinance does not excuse a licensee from compliance with any other applicable ordinance or statute.

**FOOD HANDLING ESTABLISHMENTS:** A copy of the Harnett Co Health Permit must be attached before issuance of license. Copies of all temporary or permanent ABC permits are required.

Signature of Applicant

Date