



Town of Cornelius

2007-08 PRIVILEGE LICENSE APPLICATION

21445 Catawba Ave.
PO Box 399, Cornelius, NC 28031
p (704)-892-6031
f (704)-896-2465

Instructions

- To obtain a privilege license, this application and required attachments must be legible and completed in full.
- Annual Privilege license renewals are due July 1 and begin accruing interest at a rate of \$5/month or 5%, whichever is greater, on August 1.
- Any changes to ownership, address, or numbers should be reported within 10 business days. A \$5 fee will be charged to reissue the license reflecting the changes.

Business Name _____ Phone No. _____

Business Address _____

Mailing Address _____ City, State, Zip _____

Federal Tax ID No. _____ State Sales Tax ID No. _____

Email Address _____ Fax No. _____

Business Owner's Name _____ Home Phone No. _____

Home Address _____ City, State, Zip _____

Building Owner's Name _____ Building Owner's Phone _____

Home Address _____ City, State, Zip _____

Type of Business: Sole Proprietorship Partnership Corporation Limited Liability Corporation Home Occupation*
* If checked, please be sure to request a Home Occupation Compliance Form

Nature of Business: Manufacturer Retail Services Wholesale Restaurant Home Occupation* Other

Please describe the exact nature of business: _____

Will there be any additions, or repairs to the building space, such as: remodeled work, new signage or signage alterations, or site work?
 Yes* No * If checked, a permit may be required prior to work being started. Please inquire with the Planning Department.

Please provide a good faith 12 month estimate of gross receipts for your business' first year of operation:

\$ _____

Be aware that upon renewal of your Town of Cornelius Privilege License, a copy of your business tax return will be required to prove your actual annual gross receipts. No estimates will be accepted.

The undersigned applicant certifies that the information provided within this application is correct and accurate. The applicant acknowledges that his/her privilege license is subject to suspension or revocation if false or misleading information is provided.

Applicant's Signature _____

Applicant's Printed Name _____

Applicant's Title _____

Date _____

~Town Use Only~

License Code(s): _____

License Fee: _____

Total Fee Due: \$ _____

Planning Department

Approve Deny

Zoning _____

Home Occupation permit needed and received? Y N

Signature _____ Date _____

Comments _____

Finance Department

Customer # _____

Master File License # _____

Bill # _____