

APPLICATION FOR BUSINESS LICENSE FOR THE FISCAL YEAR 2010

TOWN OF FRANKLIN
P.O. BOX 1479
FRANKLIN, NC 28744

PHONE: 828-524-2516 FAX: 828-524-4540

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
ADDRESS: _____

ADDRESS 2: _____
CITY, ST., ZIP: _____
PHONE: _____
FAX: _____
LOCATION: _____
BUSINESS CLASS: _____
RESP. PERSON: _____
DRIVER'S LICENSE #: _____

TAX ID NUMBER: _____

BUSINESS DESCRIPTION:

Total Fee \$ _____

Total Payment \$ _____

Signature

Title

Date

PLEASE NOTE: There will be a minimum 3 day waiting period while the town verifies the required zoning information for compliance under the Unified Development Ordinance. **Any restaurant or food service vendor must submit copy of health permit with application.**