

Application for Permit

Town of Franklin, North Carolina
P.O. Box 1479
Franklin, NC 28744
828-524-2516

Please print all requested information using blue or black ink.

Permit Information			
For the year beginning July 1, 2016 and ending June 30, 2017			
<input type="checkbox"/> First – Time Applicant	Date		
If first-time applicant, enter start date of activity that requires this permit.			
<input type="checkbox"/> Renewal Applicant	Date		
If renewal applicant, enter date current permit expires.			
Select type of permit requested (<i>check all that apply</i>)			
Law Enforcement <input type="checkbox"/> Alcohol Beverage Control <input type="checkbox"/> Off – Premises (<i>ABC Permit</i>) <input type="checkbox"/> On – Premises (<i>ABC Permit</i>) <input type="checkbox"/> Parade/Demonstration <input type="checkbox"/> Pawnbroker <input type="checkbox"/> Precious Metal Dealer	Planner <input type="checkbox"/> Zoning Approval <input type="checkbox"/> Sign Ordinance Approval <input type="checkbox"/> Land Development Permit <input type="checkbox"/> N/A <input type="checkbox"/> Parking Requirement Approval	Tax Collector <input type="checkbox"/> ABC Application <input type="checkbox"/> Business Registration <input type="checkbox"/> Grease Trap (Comm. Kitchen) <input type="checkbox"/> Itinerant Merchant <input type="checkbox"/> Metal Recycling <input type="checkbox"/> Taxi/Limo Local License <input type="checkbox"/> Wine/Beer Local License <input type="checkbox"/> Zoning Compliance	
<input type="checkbox"/> Other Not Listed (<i>Please Explain</i>):			
Applicant Information	<input type="checkbox"/> Owner	<input type="checkbox"/> Co-Owner	<input type="checkbox"/> Employee
First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Daytime Phone (<i>Include Area Code</i>)	
Street Address (<i>Home</i>)			
City	State	Zip	
Business Information - Description			
Legal Name of Business			
Store Number (<i>If applicable</i>)	Federal Employer ID Number	Business Phone (<i>Include Area Code</i>)	
Street Address (<i>Business</i>)			
Mailing Address:			
City	State	Zip	

Signature:

Date:

I certify that to the best of my knowledge, this application is accurate and complete.