

# 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.

<b>Permit Information</b>		
For the year beginning July 1, 2017 and ending June 30,2018		
<input type="checkbox"/> First – Time Applicant		Date
<b>If first-time applicant, enter start date of activity that requires this permit.</b>		
<input type="checkbox"/> Renewal Applicant		Date
<b>If renewal applicant, enter date current permit expires.</b>		
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> ):		
<b>Applicant Information</b>		
		<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 (Is this mailing address.)		
City	State	Zip
<b>Business Information - Description of Business:</b>		
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> )		
City	State	Zip

**Signature:**

**Date:**

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