

Business Registration Application

Town of Franklin

PO Box 1479

Franklin NC 28744

828-524-2516

Applicant(s) information

Name of Business: _____

Type of Business: _____

Federal Tax Number: _____ Business Phone: _____

Business Location: _____

Mailing (if different): _____

Name of Owner(s): _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Mark any that will apply:

Grease Trap Taxi/Limo Itinerant Merchant Sign Permit

On Premise Beer On Premise Wine Off Premise Beer Off Premise Wine

Pawnbroker Precious Metal Dealer

Signature: _____ Date: _____

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

For Official use only:

Registration Number: _____

Tax Collector Approval: _____

Zoning Approval: _____

Police (if applicable): _____

Sewer (if applicable): _____