

Account Number: _____

License Number: _____

CITY OF THOMASVILLE

10 SALEM STREET

P. O. BOX 368 • THOMASVILLE, NC 27361

TEL: (336) 475-4254 • FAX: (336) 475-4258

APPLICATION FOR BUSINESS PRIVILEGE LICENSE

1. Date of Application: _____

2. Start Date of Business: _____

3. _____
Business Name/ DBA Parent Corporation (if applicable)

4. _____
Business Location City State Zip

5. _____
Business Mailing Address (If different) City State Zip

6. _____
Description of Business Activity

7. Check One: Corporation Sole Proprietor Partnership Professional Assn. Other _____

8. _____
Business Phone Number Fax Number Emergency Number

9. _____
Business Email Address

10. _____
Owner Name Phone Number

11. _____
Owner Address City State Zip

12. _____
Corporate Officer/Manager/Other Title Phone Number

13. _____
Officer/Manager Address City State Zip

14. Does this business own the building: Yes _____ No _____

15. If no, please list the property owner's name _____ Phone Number _____

16. Number of locations within the city limits _____

17. State Professional License Number: _____

Please complete and sign page 2 of application

