

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR

CITY OF MEBANE
 106 E. WASHINGTON ST.
 MEBANE, NC 27302

PHONE: 919-563-5901 FAX: 919-304-9281

This Application with remittance in full must be completed and returned with full payment on or before _____
 If no longer in business, please so indicate and return the application.

BUSINESS NAME AND MAILING ADDRESS

EMERGENCY CONTACT NAME AND ADDRESS

NAME: _____
 ADDRESS: _____
 ADDRESS 2: _____
 CITY, ST., ZIP: _____
 PHONE: _____
 LOCATION: _____
 BUSINESS CLASS: _____
 BUSINESS DESC: _____
 RESP. PERSON: _____
 ACCOUNTANT NAME: _____
 BONDING COMPANY: _____
 BOND NUMBER: _____
 OTHER LICENSE # _____

TAX ID NUMBER: _____
 OWNERSHIP TYPE: _____
 (Corp., Individual, Partnership, Etc.)

OFFICE USE ONLY:	
CODE:	_____
RESIDENT:	_____
RENEW:	FAL: _____

CALCULATION OF LICENSE FEE:

LICENSE FEE

GROSS RECEIPTS \$ _____

(See rate schedule below)

Late Payment Penalty _____

Total Payment _____

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 Signature

 Title

 Date

Calculation of license fee based on rate schedule

	RATE	TOTAL FEE
For Gross Receipts not exceeding \$0	\$0.000000	_____
On each additional \$0 or fraction thereof between \$0 and \$0	\$0.000000	_____

PLEASE NOTE: