



# CITY OF ROXBORO

## FINANCE DEPARTMENT

www.cityofroxboro.com

105 South Lamar Street  
PO Box 128  
Roxboro, NC 27573  
(V) 336-599-3116  
(F) 336-599-3774

### RENEWAL / PRIVILEGE LICENSE APPLICATION

For office use only:

For office use only:

**Planning Department**

Approved  Denied  Pending

**Inspection Department**

Approved  Denied  Pending

**Police Department**

Approved  Denied  Pending

**Fire Department**

Approved  Denied  Pending

**Public Services Department**

Approved  Denied  Pending

Date: \_\_\_\_\_

LIC # \_\_\_\_\_

Received By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Cash/ Check#: \_\_\_\_\_

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

License Year Beginning July 1, \_\_\_\_

New Application  Renewal  Ownership Change  Name Change  Address Change

1. \_\_\_\_\_  
Business Name (Indicate business trade name or DBA name.)

2. \_\_\_\_\_  
Corporate Name (If different from Business Name; Sole Proprietorships should indicate the owner's name here.)

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Physical Address of Business. Please include any suite or apt #. Do NOT use a P.O. Box. City State Zip Code

4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Business Mailing Address If different from # 3. (All correspondence will be mailed to this address.) City State Zip Code

5. (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone Number Email Address Fax Number

6. Is the address for # 3 located within Roxboro City Limits?  Yes  No Social Security/Federal Tax ID# \_\_\_\_\_

7. Is your business Home Based?  Yes  No

8. Completely describe your business. Include all activities. Attach additional sheets if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If you answered "Yes" to # 7, provide date business began or will begin in Roxboro: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of Employees: \_\_\_\_\_

10. Type of Business Ownership:  Corporation (including LLC's and S Corporations)  Sole Proprietorship  Partnership  Other \_\_\_\_\_

11. **Applicant Information:** This person will be the primary contact for the business. Sole Proprietorships should indicate the owner here.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Does your business sell intoxicating beverages?  Yes  No

13. If you answered "Yes" to # 7, does your business have more than one location in Roxboro?  Yes  No (If "Yes", list locations below or attach sheet.)  
\_\_\_\_\_  
\_\_\_\_\_

14. Type of State Contractor License Held: \_\_\_\_\_ License #: \_\_\_\_\_

