

TOWN USE: Zoning Approval () yes () no
Zone: _____ By: _____ Date: _____

**TOWN OF FUQUAY-VARINA
401 OLD HONEYCUTT ROAD
FUQUAY-VARINA, NC 27526
(919) 552-1404**

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

TYPE OF OWNERSHIP: () Corporation
() Partnership
() Sole Proprietor TAX ID # _____

BUSINESS TELEPHONE NO.: () _____

EMERGENCY TELEPHONE NO.: () _____

LICENSED CONTRACTORS only:
STATE LICENSE #: _____ EXPIRES: _____ (Attach copy)

ALCOHOLIC BEVERAGE only:
ABC PERMIT #: _____ EXPIRES: _____ (Attach copy)

OFFICERS/OWNER/MANAGER information:

TITLE	NAME	ADDRESS	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL BUSINESS ACTIVITIES ENGAGED IN AT THIS LOCATION:

I CERTIFY THAT THE INFORMATION STATED HEREON IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____